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NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

NATIONAL QUALITY ASSURANCE STANDARDS

Assessor's Guidebook for Ayushman Arogya Mandir (Sub-centre)

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ASSESSOR'S GUIDEBOOK FOR AYUSHMAN AROGYA MANDIR (SUB-CENTRE)

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EXECUTIVE SUMMARY

In alignment with National Health Policy's aim to ensure Universal Health Coverage; Ayushman Bharat was launched in 2018 with Ayushman Arogya Mandir (AAM) and Pradhan Mantri Jan Arogya Yojana (PM-JAY) as its two strong pillars. Ayushman Bharat aims to bring paradigm shift in the country by increasing health systems' responsiveness to the up-surging demands of health seekers for prevention and treatment of the diseases.

Ayushman Arogya Mandir (AAM), aims to ensure provision of expanded range of services to the catering population, where apart from promotive, preventive and primary health care services, emphasis has been laid down on the early screening & identification, primary management, timely referral to the higher centres and ensuring continuity of care through regular follow ups.

As mandated existing Sub-centres and Primary Health Centre & (Rural and Urban) are in the process of conversion into Ayushman Arogya Mandir. As per health care facility's scope of services and responsibilities; the human resource and their skill requirements have also been defined. Similarly, other components like drugs & consumables, equipment etc. requirements have also been defined.

Along with making health services available, accessible and affordable to the local population at their doorsteps, it becomes more pertinent to ensure Quality of the care provided by AAM. It is well appreciated that optimal health care cannot be envisaged by just ensuring availability of infrastructure, human resource and medical supplies etc. It requires focus on continual improvement in quality of healthcare services, for ensuring effective, safe, patient centred, timely, equitable as well as integrated and efficient.

Ministry of Health and Family Welfare has begun its journey of ensuring Quality across public health facilities in 2013 with launch of National Quality Assurance Programme (NQAP). The programme has been laid down on the foundation of sustainable, explicit and measurable Quality Standards for the public health facilities i.e. District hospital/Sub-district Hospital, Community Health Centre (FRU), Urban and Rural Primary health Centre.

Easy to use checklists, allow the provider & other stakeholders to assess the facility, identify the gaps, prioritize them, take up the improvement activities to traverse the gaps and finally meet the standards. Compliance to the Standards along with core criteria making them eligible for the certification and incentivisation. The whole process is supported by a sturdy institutional framework, placed at National, State, District & Facility level.

In similar lines, for Ayushman Arogya Mandir (Sub-centre) a checklist with structure of Eight (8) Area of Concern, fifty (50) standards have been defined. These standards are applicable to both type A and type B sub-centre considering expanded range of services (12 packages) are provided at facility level. Standards and measurable elements which are non-applicable as per the scope of services to state can be disabled in checklist. Facility providing all 12 packages shall be assessed on approximately 125 measurable elements and 550 checkpoints. To be eligible for the state and national level certification it is mandatory to apply for 7 packages atleast. For AAM (SC) in PHC & UPHC, few new additions shall be done and the existing NQAS checklists of PHC & UPHCs will be updated as per the revised scope of services of AAM.

"Assessors Guidebook for Ayushman Arogya Mandir (Sub-centre)" aims to support the facility's, District's, State's and Nation's endeavour to ensure provision of Quality services to health seekers.

OBJECTIVES & SCOPE

Objectives

The Assessor's Guidebook for Ayushman Arogya Mandir (Sub-centre) aims to:

- ❖ Ensure safe, people centred, efficient, and effective delivery of primary healthcare services.

- ❖ Delivery of high-quality preventive, promotive, curative, rehabilitative and palliative care services.

- ❖ Promote health & wellness among communities by active engagement and capacity building of community level platforms and individuals.

- ❖ Provide basic management & ambulatory care to community & serve as an important link to ensure continuum of care.

Scope

The Assessor's Guidebook for assessment of Ayushman Arogya Mandir (Sub Center) is applicable to both type A & type B sub-centres. It helps to set minimum acceptable Quality Standards, support facilities, districts, and states to regularly assess & monitor AAM and help to enhance competence & performance of primary healthcare teams. It also supports to identify gaps/area of improvement and drive to take necessary actions using quality improvement methods.

BACKGROUND

Ayushman Arogya Mandir: An Effort to Deliver Care at Doorsteps

National Health Policy (NHP 2017) lead down the path towards universal health coverage. With National Health Policy country aims for the "attainment of the highest possible level of health and wellbeing for all, at all ages, through a preventive and promotive health care policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence".

Further augmenting on the path for Universal Health Coverage laid down by NHP 2017, Ayushman Bharat, a flagship scheme of Government of India was launched in 2018. Ayushman Bharat is an attempt to move from segmented approach of healthcare delivery to a comprehensive health care service delivery. Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, Ayushman Arogya Mandir (AAM) and Pradhan Mantri Jan Arogya Yojana (PM-JAY).

PM-JAY focusses on assuring provision of services as it is the largest health assurance scheme in the world which aims at providing a health cover for secondary and tertiary care hospitalization to poor and vulnerable families that form the bottom 40% of the Indian population. While, through Ayushman Arogya Mandir it is envisaged to deliver an expanded range of services which will address the primary health care needs of the entire population in the catchment area. The emphasis of health promotion and prevention is designed to bring focus on keeping community healthy by engaging and empowering individuals and communities to not only choose healthy behaviours but also by ensuring adoption of preventive measures, early screening and identification, appropriate treatment (if required), referral, ensuring continuity of care through follow ups.

It has been mandated that existing Sub-centres covering a population of 3000-5000 would be converted to Ayushman Arogya Mandir (AAM). While Primary Health Centres in rural and urban areas would also be converted to AAM. A hub and spoke model have been anticipated in which linked Sub-centres (now Ayushman Arogya Mandir) shall be monitored and supported by the main AAM (SC) (PHC). The AAM (SC) (PHC) or CHC (in case AAM (SC) is directly linked to it) shall be the first referral point.

To meet the requirements specific to the scope of services and roles & responsibilities of these centres, commensurating human resource with requisite skills, requirements of drugs and consumable, equipment etc. have also been defined.

AAM (SC) are envisaged to deliver expanded range services that go beyond Maternal and child health care services to include care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma, including free essential drugs and diagnostic services

Figure 1: Expanded Range of Services

1. Care in pregnancy and childbirth.
2. Neonatal and infant health care services.
3. Childhood and adolescent health care services
4. Family planning, Contraceptive services and other Reproductive Health Care services.
5. Management of Communicable diseases including National Health Programmes.
6. Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments.
7. Screening, Prevention, Control and Management of Non-Communicable diseases.
8. Care for Common Ophthalmic and ENT problems.
9. Basic Oral health care.
10. Elderly and Palliative health care services.
11. Emergency Medical Services.
12. Screening and Basic management of Mental health ailments.

National Quality Assurance Program: Ensuring Quality Across Health Systems

Advent of National Health Mission in 2005, efforts have been put in direction to ensure availability of accessible, affordable and quality care to all the health seekers. With influx of enormous resources, country has been able to develop state of the art facilities which are equipped with requisite modern equipment, instruments; are manned by highly skilled healthcare work force and also ensure availability of free drugs and diagnostics. Despite all such efforts poor quality of care has been the biggest obstacle in satisfying the patients' needs.

To overcome these challenges various models of Quality of care have been implemented in country. However, none could cater the special requirements of public healthcare institutions in term of service delivery viz. healthcare facility's quality and standard compliance as per National disease control programme, immunization, outreach services etc. To meet the specific requirements there was a need of the Quality system which is pro public health and to fulfil the void, National Quality Assurance Program (NQAP) was launched in 2013.

National Quality Assurance Program (NQAP) envisages to instil the culture of Quality and Safety in our health systems. It includes development of standards and tools which are pro public health, flexible, evidence based, current as per professional knowledge, explicit, user friendly and have uniform measurement system.

National Quality Assurance Standards (NQAS)

Under the ambit of National Quality Assurance Program, Standards of Care for various level of health facilities viz. District Hospitals, Community Health Centres (FRU), Primary Health Centres (24*7), Urban Primary Health Centres have been framed. The uniqueness of the National Quality Assurance standards is its measurement system which has been uniformly built upon Area of Concern, Standards, Measurable Elements and Checkpoints. *Standards* under each level of healthcare institution (DH/CHC/PHC) have been arranged under Eight (8) broad themes, named as *Area of Concerns* viz. Service Provision, Patient Rights, Inputs, Support Services, Clinical Services, Infection Control, Quality Management and Outcome in the system. Similarly, The measurement system of AAM-SC has also been envisaged under 8 Area of concerns.
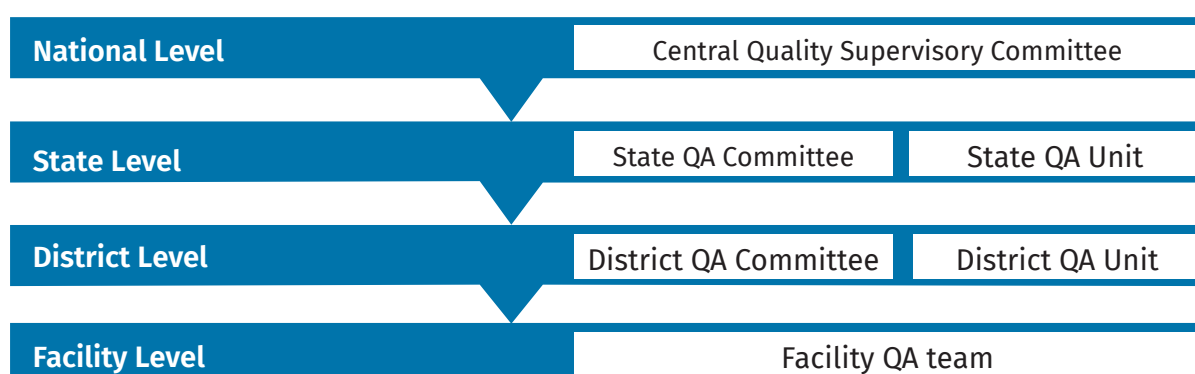
NQAS for Ayushman Arogya Mandir (Sub-centre)

To ensure provision of Quality care at primary level, standards of care for Ayushman Arogya Mandir (Sub-centre) have been framed. Area of concern wise list & intent standards of care have been explained in page 12 to 24 of this guidebook.

These standards are applicable to both type A and type B sub-centre considering expanded range of services (12 packages) are provided at facility. Standards and measurable elements which are not applicable as per the scope of services to state/facility can be disabled in checklist. Facility providing all 12 packages shall be assessed on approximately 125 measurable elements and 550 checkpoints. For AAM (SC) in PHC & UPHC, few new additions shall be done and existing checklists of PHC & UPHCs will be updated as per the revised scope of services of AAM.

Institutional Arrangement under NQAS

Implementation of National Quality Assurance Program is well supported by a sturdy institutional framework which ranges from National level to facility level.

Figure 2: Institutional Arrangement Under NQAS

National Level	Central Quality Supervisory Committee	
State Level	State QA Committee	State QA Unit
District Level	District QA Committee	District QA Unit
Facility Level	Facility QA team	

It is envisaged that nearest PHC/CHC will support the AAM (SC) teams to implement quality standards, find out gaps, undertake the prioritization and take up rapid improvement activities for their resolution. District QA teams will overall supervise the AAM (SC) quality activities and will be responsible for setting targets, monitoring of Key performance indicators, orientation of staff for QA and related activities.

Certification Under NQAS

Under National Quality Assurance Program, there is an arrangement for two categories of certifications; State Certification, wherein assessment is conducted by state team and once the facility is state certified it would be eligible for National Certification where the facility is assessed by the certified national external assessors. For a facility to apply for the state and national certification it is mandatory to apply atleast for the following 7 packages:

1. Care in pregnancy and child-birth.

2. Neonatal and infant health care services.

3. Childhood and adolescent health care services.

4. Family planning, Contraceptive services and other Reproductive Health Care services.

5. Management of Communicable diseases including National Health Programmes.

6. Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments.

7. Screening, Prevention, Control and Management of Non-Communicable diseases.

Upon external assessment from national level, if the facility meets the criteria which have been laid down by Central Quality Supervisory Committee the facility shall be awarded with National Certificate & Incentive. The certificate is valid for the period of three years subject to clearance of annual surveillance which is done by the State QA Committee.

NATIONAL QUALITY ASSURANCE STANDARDS: MEASUREMENT SYSTEM

Measuring quality of a healthcare service involve efforts to reduce subjectivity and ensuring that all the critical to quality components have been captured holistically. The endeavour to measure Quality of a public health service is much more difficult, on account of variation in its service provision and involvement of wide range of Vertical Programmes. It is realized that there would always be some kind of 'trade-off', when measuring the quality. One may have small and simple tools, but that may not able to capture all micro details. Alternatively, one may devise all-inclusive detailed tools, encompassing the micro-details, but the system may become highly complex and difficult to apply across Public Health Facilities. In India since 2013 we have had quality framework and Quality Standards & linked measurement system under NQAP. The proposed system has incorporated best practices from the contemporary systems and contextualized as per the needs of India's Public Health System.

Following are salient features of the proposed quality system:

1. Comprehensiveness

The proposed system is all-inclusive and captures all aspects of quality of care within the eight areas of concern. The checklist transposed within 50 standards and commensurate measurable elements provide a reasonable matrix to capture all aspects of quality of care and expanded range of services provided in AAM.

2. Contextual

The proposed system has been developed primarily for meeting the requirements of the Public Health Facilities. Public hospitals have their own processes, responsibilities and peculiarities, which are very different from other health facilities, such as 'for-profit', corporate, NGO, etc. For instance, the system described in this manual has quality standards for providing free drugs, free diagnostics, etc. which may not be relevant for non-public hospitals.

3. Contemporary

Contemporary Quality standards such as NABH, ISO and JCI, and Quality improvement tools such as Six Sigma, Lean and CQI have been consulted and lessons included.

4. User Friendly

The Public Health System requires a credible quality system. It has been the endeavour of

the team to avoid complex language and jargon, so that the system remains user-friendly for easy understanding and implementation by the service providers. Scoring system has been made simple with uniform scoring rules and weightage. Additionally, a formula fitted excel sheet tool has been provided for convenience, and also to minimise calculation errors.

5. Evidence based

The system draws considerably from existing guidelines, standards and available literature on 'Quality in Healthcare and Public Health System & operational guidelines for AAM. Additionally, Operational and technical guidelines for National Health Programmes and extended range of services have also been consulted.

6. Objectivity

In the proposed quality system, each standard is accompanied with measurable elements & checkpoints to measure compliance to the standards. At the end of assessment, there would be numeric scores, bringing out the quality of care in a snapshot, which can be used for monitoring, as well as for inter-hospital/inter-state(s) comparison.

7. Balanced

All three components of Quality – Structure, process & outcome, have been given due weightage. Similarly, due weightage has been given early screening, identification, timely referral, ensuring continuity of care, regular follow ups etc.

Quality Assurance Standards for AAM (SC)

Quality Assurance Standards for AAM (SC) given in this book are in congruence with 'Operational Guidelines for Quality Assurance for Public Health facilities'. There are Forty-eight (48) & Fifty (50) Standards, for SC type A & type B respectively, categorized into 8 Areas of Concern. Each Standard further has specific Measurable Elements (i.e. 124&129 for SC Type A & Type B respectively). These standards and Measurable Elements are assessed through a checklist for AAM (SC).

Figure 3: Measurement System Under NQAS
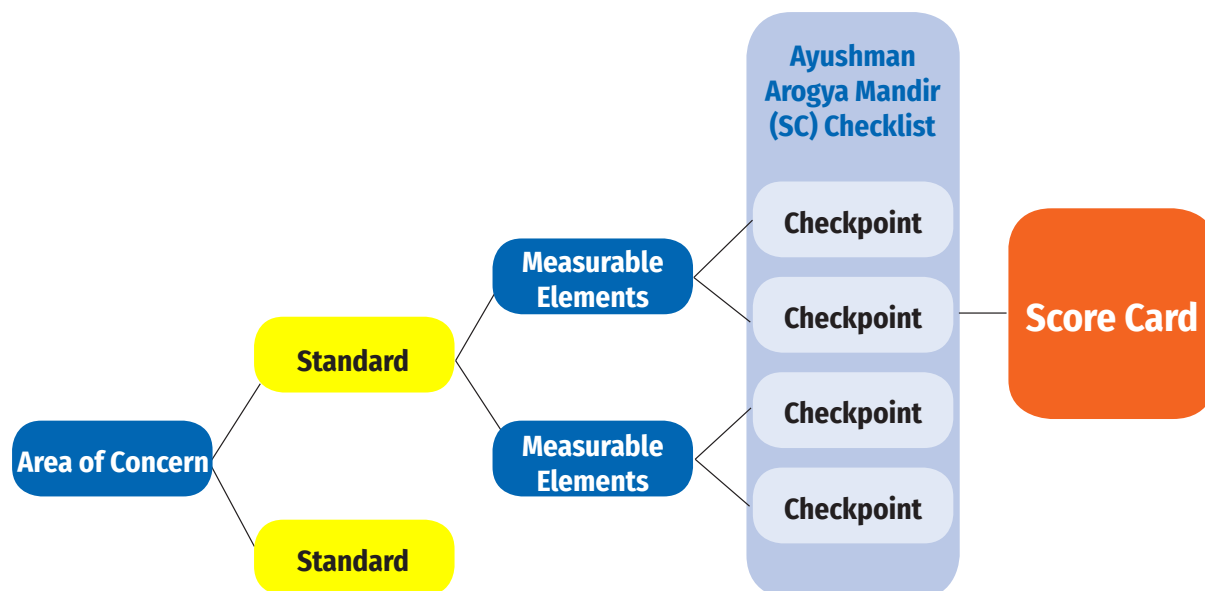
Filled checklist would generate Scorecard which will include an overall score for the Ayushman Arogya Mandir. Apart from this score card can also be generated for Scope of Service wise, Area of Concern wise and Standard wise scores.

Figure 4: Score Card - Overall Score & Area of Concern wise Scores

AAM-HSC Overall Score Card	Service Provision	Patient Rights	Overall Score of AAM-HSC	Clinical Services	Infection Control
	50%	50%		50%	50%
	Inputs	Support Services	**50%**	Quality Management	Output
	50%	50%		50%	50%

Figure 5: Thematic Score Card

Theme Wise Score				
Care in pregnancy and childbirth	**50%**	Care for Common Ophthalmic and ENT	**50%**
Neonatal & Infant Health Services	**50%**	Oral health care	**50%**
Childhood & adolescent Health Service	**50%**	Elderly and Palliative health care	**50%**
Family Planning	**50%**	Emergency Medical Services	**50%**
Management of Communicable diseases	**50%**	Management of Mental health ailments	**50%**
Management of Non Communicable diseases	**50%**	Drugs & Diagnostics	**50%**

Figure 6: Standards wise Score Card

Reference No.	Area Of Concern/Standards	Score Obtained	Maximum Scores	Percentage
AREA OF CONCERN –A– SERVICE PROVISION				
Standard A1	The facility provides Comprehensive Primary Healthcare Services	50	100	50%
Standard A2	The facility provides drugs and diagnostic services as mandated	4	8	50%
AREA OF CONCERN –B– PATIENT RIGHTS				
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	14	28	50%
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	9	18	50%
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	8	16	50%
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	6	12	50%
Standard B5	The facility ensures all services are provided free of cost to its users	5	10	50%

Assessment Protocols & scoring System

Checklists are the main tools for the assessment. Before undertaking any assessment, assessors should familiarize themselves with the checklists beforehand. Lay-out of the checklist in this manual is given below:

Figure 7: Anatomy of checklist

National Quality Assurance Standards						
Ayushman Arogya Mandir - Sub-centre						
Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compliance	Remarks
Area of Concern F: Infection Control						
Standard F2	The facility has defined and implemented procedures for ensuring hand hygiene practices					
ME F2.1	Hand hygiene facilities are provided at point of use & ensures adherence to standard	Availability of Hand washing facilities	Washbasin with functional drainage pipe, tap, running water, Soap (Soap bar/liquid), AHR, Display of hand washing poster			
		Check Washbasin, tap & running water as per standard protocols	Check washbasin is wide and deep enough to prevent splashing and retention of water Check for availability of elbow operated			
		Check availability of Soap/AHR for				
		Staff is trained and adheres to hand washing practices	Demonstration and random observation (Five Moments of hand washing, Six Steps)			

(a) Title of the checklist denotes the name of Healthcare facility for which checklist is intended.

(b) The horizontal bar in grey colour contains the name of the Area of concern for which the underlying standards belong.

(c) Yellow horizontal bar contains the statement of standard which is being measured.

(d) Extreme left column of checklist in blue colour contains the reference number of Standard and Measurable Elements. The Reference number helps in identification and traceability of a standard.

(e) Second column contains text of the measurable element for the respective standard.

(f) The column next to measurable elements on right side has checkpoints for measuring compliance to respective measurable element and the standard.

(g) Column next to checkpoint contains means of verification. It denotes what to see in a particular Checkpoint. It may be list of equipment or procedures to be observed, or example questions which may be asked to interviewee or some benchmark, which could be used for comparison, or reference to some other guideline or legal document. It may be left blank as check point may be self-explanatory.

(h) Next right to means of verification column is the assessment method column. This denotes the 'HOW' to gather the information. Generally, there are four primary methods for assessment - SI means staff interview, OB means observation, RR means record review & PI, patient interview, CI, client interview.

(i) Next right to assessment method, a blank column is available where finding of assessment in term of Full Compliance (2 marks), Partial Compliance (1 marks) and Non-Compliance (0 marks) should be written.

(j) Next right to compliance column, a remark section is given. It needs to be filled by assessor whenever partial or non-compliance is given.

Assessment Methods

Assessor should read measurable elements and checkpoints; and try to gather information and evidences to assess the compliance to the requirement of measurable element and checkpoint. Information can be gathered by four methods that is Observation (OB), Record Review (RR), Patient Interview (PI)/Client Interview (CI) and Staff Interview (SI)

I. Observation – Compliance to many of the measurable elements can be assessed by directly observing the articles, process and surrounding environment. Few examples are given below:

a) Enumeration of articles like equipment, drugs

b) Displays like signage, work instructions, important information

c) Facilities like patient amenities, chair, drinking water, complaint box etc.

d) Environment like seepage, overcrowding, cleanliness

e) Procedures like measuring BP, counselling, segregation of biomedical waste

II. Record Review – As all processes especially clinical/consultation procedures cannot be observed, review of records may generate more objective evidence and triangulate the finding of the observation. For example, on the day of assessment, drugs may be available in adequate quantity in Ayushman Arogya Mandir, but review of drug expenditure register would reveal consumption pattern of drugs. Based on patient load, it can be assessed that the drug was available or not. Examples of record review are given below:

a) Review of clinical records for assessing adequacy of processes like History, maintenance of records of referral, follow up and drugs dispension, assessment and reassessment of patients at each visit.

b) Review of registers like expenditure registers, daily OPD register, etc.

c) Review of license, formats for legal compliances like authorisation certificate for Biomedical Waste Management.

d) Review of Work Instruction for adequacy and process for adherence to practices.

e) Review of records for outreach sessions, VHSNC meetings, VHNDs, PSG meetings etc.

f) Randomly reviewing the family folders to ascertain their completeness.

h) Reviewing the patients' records to check follow up care post referral.

III. Staff Interview – Interaction with the staff help in assessing the knowledge and skill level, required for performing job functions.

Examples:

a) Competency testing - Asking staff how they perform certain diagnostic procedures, identification of early sign and symptoms of disease condition.

b) Demonstration – Asking staff to demonstrate certain activities like hand washing technique or newborn resuscitation.

c) Awareness – Asking staff about awareness of patient's right, patient safety quality policy.

d) Feedback about adequacy of supplies, problems in performing work safety issues etc.

IV. Patient/Client Interview – Interaction with patients & relatives may be useful in getting information about quality of services and their experience at the facility. It should include Feedback on quality of services, staff behaviour, waiting times, out of pocket expenditure incurred etc. Similarly, satisfaction of clients/individuals attending the VHND, meetings, PSG meetings etc. should be taken to measure their level of satisfaction.

Scoring System

After assessing all the measurable elements, checkpoints and marking compliance, scores of the department/facility can be calculated.

Rules of Scoring
2 marks for full compliance
1 mark for each partial compliance
0 marks for every non-compliance

All checkpoints have equal weightage to keep scoring simple. Once scores have been assigned to each checkpoint, Standard wise score can be calculated by adding the individual scores for each checkpoint. The final score should be given in percentage, so it can be compared with other Ayushman Arogya Mandir.

Calculation of percentage is as follows:

Score obtained x 100/No. of checkpoints in checklist x 2
Scores can be calculated manually, or scores can be entered into excel sheet given/ through Gunak App.

A. STANDARDS AND THEIR INTENT

Area of Concern "A"- Service Provision

Ayushman Arogya Mandir (Sub-centre) plays a pivotal role in ensuring provision of comprehensive primary care to the population in its catchment area. It requires to span preventive, promotive, curative, rehabilitative and palliative aspects of care as per scope of services offered by AAM-SC. The scope of service provision has increased from previous 06 packages of care to 12 packages of care. Along with this, emphasis has been given on inclusion of services which shall lead the community more towards wellness e.g. conduction of Yoga Sessions. Another important aspect of service provision is, Health promotion and disease prevention by undertaking multisectoral convergence activities like campaigns, meetings of VHSNC, Self-help groups, Patient support groups etc.

The Area of Concern – Services Provision measures availability of functional services in AAM-SC. "Availability" of functional services means, services are functional and are being utilised by the end-users because mere availability of infrastructure or human resources does not always ensure availability of the functional services. For example, as per staff, the facility may have functional NCD services, but if there are hardly any diagnostic test undertaken or medicines provided or regular assessments being done for ensuring continuity of care at the AAM, it may be assumed that the services are either not available or non-accessible to users. Compliance to these standards and measurable elements should be checked, preferably by observing delivery mechanism of the services, reviewing the relevant records and checking outcomes after delivery of the service.

There are following two standards in this area of concern:

Standard A1: The facility provides Comprehensive Primary Healthcare Services

Ayushman Arogya Mandir primarily intent to provide preventive, promotive, rehabilitative and palliative care services as per extended range of services. So, Standard aim to measure holistically the availability of selected services package. Although checklist contains measurable elements and checkpoints of whole range of extended services, but facility will be evaluated only for applicable/applied services. E.g. if X AAM (SC) has chosen 6 basic services and NCD (as opted by state), they will be assessed for total 7 chosen services out of 12 expanded services. Apart from the assessment of the functional packages the standard also measures availability of services for health promotion activities & wellness viz conduction of Yoga sessions, provision of AYUSH services, promotion activities through campaigns etc.

Standard A2: The facility provides drugs & diagnostic services as mandated

Standard measures the availability of basic diagnostic and drugs in AAM. It measures availability of point of care diagnostics through rapid diagnostic kit and referral at the Central Diagnostic Unit-HUB/appropriate higher facility. Standard also measures drug dispensing services including re-fills as service provision. It also measures timely availability of drugs and diagnostic reports.

Area of Concern "B" - Patients' Rights

Mere availability of services at a health facility does not necessarily meet the need of community, unless the available services are accessible to the users, and are provided with dignity and confidentiality. Access includes physical access as well as financial access. There are evidences to suggest that patients' experience and outcome improves, when they themselves are involved in the care. So, availability of information is critical for access as well as enhancing patients' satisfaction. Area of concern Patients' rights include parameters such as health services give due consideration to patients' cultural and religious preferences.

Patient Rights has five (5) standards. These standards measure different aspects of patients' rights i.e. availability, access, privacy & confidentiality and also ensures availability of mandated free services and provisioning of financial protection.

Standard B1: The facility provides information to the care-seeker, attendants and community about available services & their modalities

The standard measures information accessibility at the facility. Informational accessibility includes prominent display of signages; services which are available; citizen charter; insurance benefits under Ayushman Bharat & IEC Material etc. This standard also mandates for practices like informed consent and grievance redressal.

Standard B2: Facility ensures that the services are accessible to the care-seekers and visitors including those requiring some affirmative action

The standard measures physical access to AAM. It includes availability of all-weather road, without congestion & encroachment etc. It also includes availability of ramps, wheelchairs, disabled friendly services etc with in the facilities. The standard also measures affirmative actions taken by the facility to ensure provision of safe and dignified access for vulnerable & marginalized patients like, terminally ill patient, domestic violence cases, orphan, destitute etc.

Standard B3: Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons

The Standard ensure services provided are sensitive to gender, religious & cultural needs. It includes specific precautions to be taken, while providing care to vulnerable patients viz. HIV, leprosy infection, abortion, teenage pregnancy, etc. The standard measures the awareness among patients and the community about patients' rights and responsibilities. The standard also ensures establishment of defined protocol and procedures for grievance redressal.

Standard B4: The facility maintains privacy, confidentiality and dignity of patient

The standard measures services in term of ensuring privacy, confidentiality and dignity. The standard look for compliances such as provisions of screens and curtains (visual privacy), confidentiality of patients' clinical information is maintained (information if any is shared with patients kin only). It also focuses empathetic behaviour of service providers and ensure comfort & dignity of female patients is maintained while providing services.

Standard B5: The facility ensures all services are provided free of cost to its users

The standard majorly ensures that there is no financial barrier to the services. It checks for availability of free drugs & diagnostic services as mandated. It also ensures community get specific entitlements, incentives under various schemes and check robustness of mechanisms and linkages for availing health insurance (PM JAY or any state specific health insurance scheme) benefits.

Area of Concern "C" - Inputs

In an effort to provide required services, it becomes pertinent to ensure availability of requisite infrastructure, drugs & consumables, equipment, human resource etc. So, area of concern: Inputs, covers the structural part of the facility predominantly. Standards have been framed in concurrence with Operational Guidelines for Ayushman Arogya Mandir and Indian Public Health Standards (IPHS) norms. While assessing the infrastructure component one may encounter the term –viz. 'adequate' and 'as per load' has been given in the requirements for many standards & measurable elements, as it would be hard to set structural norms for facility as that should commensurate with the patient load.

There are following five standards in this area of concern:

Standard C1: The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to the users

The standard measures adequacy of infrastructure in terms of adequate space for wellness, patient amenities, circulation area etc. Although minimum requirement for space, layout and patient amenities are given, but assessors are expected to use their judgement to assess whether the available space is adequate for the given workload. Compliance to standard can be mostly assessed by direct observation.

Standard also deals with Physical safety of the infrastructure and includes general condition of infrastructure, electrical safety, fire safety and seismic safety etc. It includes providing safe, secure and comfortable environment to patients as well service providers in terms of illumination, temperature control and crowd management.

As mandated for Ayushman Arogya Mandir, various activities like population enumeration and empanelment, provision of telemedicine services etc requires an ICT setup within the facility eg tablet/laptops, internet connectivity, portals etc. in this standard

measurable element and commensurate checkpoints have been placed to check their provision as well.

Standard C2: The facility has adequate qualified and trained staff required for providing the assured services as per current case load

The Standard measures the adequacy and availability of CHO, MPW (Male & female), ANM, ASHA & support staff as per requirement and state mandate. Numerical adequacy can be checked by review of records for sanctioned versus vacant post. The standard also requires that staff is effectively utilized which can be done by on-job supportive supervision. Similarly, it becomes pertinent to check availability compliance to roster and uniform dress code is followed by all staff.

Standard C3: The facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff

The standard is concerned with evaluation of staff's competency that too periodically at pre-defined interval and takes necessary actions for maintaining it. These criteria should be defined based on job description for each cadre of staff. The defined criteria may be converted into simple checklist that can work as tools for competency assessment. Competency assessment of AAM-SC may be done by PHC-MO/equivalent. These criteria may be linked with predefined indicators used for measuring productivity and efficiency of the staff. Based on these competence assessment and performance evaluation training needs are identified and training plans are prepared.

Standard C4: The facility provides drugs and consumables required for assured services

The standard measures availability of drugs & consumables for services provided at Ayushman Arogya Mandir. This includes availability of drugs, vaccines, lab reagents, contraceptives etc. The Standard also expect availability of emergency medical drugs and drugs for follow up patients, National Health Programmes i.e. communicable and non-communicable diseases including ENT, Oral, Mental health and palliative care etc. As an assessor one must ensure that drugs and consumables are available at the AAM (SC) as per the state's Essential Drug List (EDL).

Standard C5: The facility has adequate functional equipment and instruments for assured list of services

The standard is concerned with availability of equipment and instruments as per requirement. Equipment's & instruments have been categorized into subgroups as per their use such as examination and monitoring, clinical procedures (for ENT, oral etc.). Also, the standard will support assessment of adequate availability of furniture and fixtures as per the requirement of AAM (SC) .

Area of Concern "D" - Support Services

The support services are backbone of healthcare facilities and desired clinical outcome cannot be envisaged in absence of support services. Area of Concern-Support Services

includes maintenance and upkeep of infrastructure & equipment; storage & dispensing of drugs, secured record keeping and data management using digital technology.

It also gives emphasis on, creating the transparent and accountable system, conduction of regular meetings for Jan Arogya Samitis', Village Health Sanitation and Nutrition Committee (VHSNCs), Patient support groups and Self-Help Groups (SHGs) etc.

There are following six standards in this area of concern:

Standard D1: The facility has established programme for maintenance and upkeep of the facility

The standard is related to facility management and equipment/instrument maintenance in AAM (SC). Standard include overall appearance, cleanliness status, infrastructure maintenance, removal of junk and condemned material etc. It also includes processes for line-listing, maintenance and inhouse calibration of equipment & instruments.

Standard D2: The facility has defined procedures for storage, inventory management and dispensing of drugs

The standard includes safe storage of drugs and management of the inventory, so that adequate quantity of drugs and consumables are available in AAM (SC). Standard also look into processes of indenting, procurement, storage, management of expired drugs, stock management, proper storage including optimum temperature maintenance in AAM (SC) and dispensing.

Standard D3: The facility has defined and established procedure for clinical records and data management with progressive use of digital technology

The standard is concerned about creating and regular updating of data pertaining to ambulatory care & management, public health and managerial functions eg. Information regarding illnesses and minor ailments; RMNCHA; NCD and CD, referred in and out cases, Apart from this checkpoints to assess the quality of population coverage and its entry in the portal, reporting of the outcomes and performance of the facility. The standard also covers an important aspect of data's safe storage, maintenance and retrieval. Assessor should review the records of reporting in term of information's quality, timeliness, adequacy and appropriateness.

The standard covers one of the major aspect of AAM (SC) which is provision of telemedicine services. Here the process pertaining to its functioning shall be evaluated on the defined checkpoints.

Standard D4: The facility has defined and established procedure for the transparency and accountability

The standard measures processes related to functioning of the Jan Arogya Samitis, whether the same has been constituted or not, members' awareness about their roles and responsibilities, regular conduction of the meetings, their role in conduction of the promotional activities. Another important mechanism of conduction of social audits and Jan Sunwayis (public hearing) as per the mandate shall also be evaluated. Not only this

for quality services it becomes pertinent to check what actions/measures were taken post hearings and meetings.

Similarly in order to ensure quality of services it becomes important for CHO to support the task done by the community health workers by providing on job mentoring & supervision for household meetings, VHSNDs or campaign. Similarly, mentoring cum monitoring visit by MO-PHC is also important for the smooth functioning of the AAM (SC).

The Assessor should review such aspects like monthly meeting minutes of JAS, social audits etc, untied fund expenditure (submission of utilisation certificates), monthly calendars of activities of health workers to check compliance of supportive & monitoring processes.

Standard D5: The facility ensures health promotion and disease prevention activities through community mobilization

One of the mandate of Primary care services is to place health in the hands' of community. In this aspect the role of AAM (SC) becomes important to create awareness leading the demand generation for health. For this it becomes important for AAM (SC) team to undertake various activities for the community mobilization. These activities shall be undertaken through existing VHSNC, so it becomes important to assess their functionality. Similarly other community level interventions like celebration of VHNDs; convergence of activities of ASHA, AWW and ANM; proper planning and conduction of Monthly campaign and undertaking feedbacks during such activities for further quality improvement becomes important.

Another important aspect which shall be reviewed through exclusive checkpoints is the efforts taken by the AAM (SC) for undertaking multisectoral convergence activities like collaboration with the Education, WCD, ICDS, rural development/municipal bodies, FSSAI & ICDS etc. Identification and conduction of training sessions with the support of Ayushman ambassadors in schools. For AAM (SC) it becomes important to create a pool of local yoga instructors and conduct regular classes for community yoga trainings

Standard D6: The facility is compliant with statutory and regulatory requirement

The standard is concerned with statutory & regulatory requirement. It investigates availability of requisite NOCs, updated copies of acts and rules, and adherence to the legal requirements as applicable to AAM (SC).

Area of Concern "E" - Clinical Services

Clinical services form one of the major Area of Concern as the ultimate purpose of existence of a health care facility is to provide clinical care. The area of concern is focused on assessment of quality of services provided by AAM which include early identification primary Clinical management, Care coordination for ensuring Continuity of care, Provision of Basic diagnostic and dispensing of medicines. It also includes adherence to Clinical protocols while delivering the services, ensuring continuity of care, safe drug administration practices, no over-prescription, rational use of drugs, regular monitoring and follow up of critical, NCD & defaulter cases etc.

There are total eighteen (18) standards that measure quality of clinical services. Standard E1 to E7 are covering the general clinical process ranging from registration, consultation, assessment/re-assessment, continuity of care (referral), medication safety, usage of standard treatment guidelines (STGs), nursing care, diagnostic services and emergency services including disaster management. E8 to E12 cover extended packages viz. ophthalmic, oral, ENT, mental health, disease control programme, elderly and palliative care etc while E13 to E18 cover clinical processes related to antenatal care, intranatal care, post-natal care, newborn care, child health, adolescent health, and family planning i.e. RMNCHA.

It may be difficult to assess clinical processes, as direct observation of clinical procedure may not always be possible at time of assessment. Therefore, assessment of these standards would largely depend upon many inputs, such as review of the clinical records, interaction with the staff to know their skill level and how they practice clinical protocols etc. Assessment of these standards would require thorough domain knowledge.

There are following seventeen standards in this area of concern:

Standard E1: The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients

The Standard is concerned with empanelment & registration of individual and families, and consultation, clinical assessment & re-assessment of patient at AAM (SC). The Assessor should review the records to verify the details of patients and ensure patients have been given unique identification number, the demographic details have been recorded, the OPD consultations have been provided and if required proper referral procedure has been followed, reassessments are done at follow ups. OPD consultation may be directly observed, followed by review of OPD tickets, patient digital/paper records to ensure that patient history, examination details, follow up etc. have been taken, recorded & updated.

Standard E2: The facility has defined and established procedures for continuity of care through two-way referral

The standard is related with continuity of care for patient's ailments. It includes process of referral to and from higher centre, deputation of staff for the care, transfer of patient to functionally linked hospitals. The staff should be interviewed to know the referral linkages, how they inform the referral hospital about the referred patients and ensure follow-up care. Records should be reviewed for confirming that referral in & out records of patients.

Standard E3: The facility has defined and established procedure of diagnostic services

The standard deal with procedures related to diagnostic service available in AAM (SC). It includes labelling of samples, instructions for handling samples during inhouse testing or transfer samples to higher centres and sharing of investigation report with service users. It also includes implementation of internal quality control for test as per manufacturer's instructions. Assessor must check availability of critical values and biological references.

Standard E4: The facility has defined procedure for safe drug administration

The standard is concerned with safety of drug administration including high alert drugs administration, legibility of medical orders, process for checking drugs and processes

related to self-drug administration etc. Patient's records should be reviewed for legibility, appropriateness and recording of date of orders. Safe injection practices like use of separate needle for multi-dose vial should be observed.

Standard E5: The facility follows standard treatment guidelines and ensures rational use of drugs

The standard is concerned about assessing that, drugs are prescribed according to standard treatment guidelines and protocols. Patient records are assessed to ascertain that medicines have been dispensed as per treatment plan provided by CHO/PHC-MO/equivalent.

Standard E6: The facility has defined and established procedure for nursing care

The standard measure adequacy & quality of patient care provided in AAM (SC). It includes processes for identification of patients, timely and accurate implementation of the prescribed treatment plan, maintenance of records and monitoring of the patients as directed by referral centre. The staff should be interviewed, and patients' records should be reviewed for assessing how drug distribution takes place, how its administration is ensured and its record, and other procedures like sample collection and dressing have been done on time as per treatment plan.

Standard E7: The facility has defined and established procedure for emergency care

The standard pertains to primary management of emergency cases like injuries, fractures, bites, poisoning, burns, respiratory arrest, cardiac arrest and acute gastrointestinal conditions etc. It also includes early identification, pre referral stabilization and referral of cases for surgical correction. It includes prompt referral, involvement of AAM (SC) staff in triage while managing the disaster and emergency conditions in their catering area.

Standard E8: The facility has defined & established procedure for management of Ophthalmic, ENT, Oral ailments as per Operational/Clinical guidelines

The standard pertains to adherence of clinical guidelines for management of ophthalmic, ENT, Oral & Mental health ailments. The staff should be interviewed to know the availability of services in terms of screening, prevention, health promotion and management, referral linkages, follow up of referred cases and follow-up care from AAM (SC) through outreach activities. Records should be reviewed for confirming treatment is given as per plan.

Standard E9: The facility has defined & established procedures for screening & basic management of Mental health ailments as per Operational/Clinical guidelines

The standard pertains to adherence of clinical guidelines for screening and basic management of Mental health ailments. The staff should be interviewed to know the availability of services in terms of screening, prevention, health promotion and management, referral linkages, follow up of referred cases and follow-up care from AAM (SC) through outreach activities. Records should be reviewed for confirming treatment is given as per plan.

Standard E10: The facility has defined & established procedures for management of communicable diseases as per Operational/Clinical guidelines

The standard pertains to adherence of clinical guidelines for management of communicable diseases. Each National Health Programme should be assessed for quality of clinical services as per scope of respective programs. As per technical guidelines of these health program dedicated & relevant checkpoints have been made to assess the service holistically.

Standard E11: The facility has defined & established procedures for management of non-communicable diseases as per Operational/Clinical guidelines

The standard pertains to adherence of clinical guidelines for management of non-communicable diseases. Each programme should be assessed for quality of clinical services as per respective technical protocols. The standard also checks availability & usage of Yoga and Ayush services for wellness & Health promotion. The functionality of services should be confirmed through staff interview & record review.

Standard E12: Elderly & palliative health care services are provided as per guidelines

The standard measures adequacy & quality of elderly & palliative care provided by AAM (SC). Standard include assessment of process to ensure screening of palliative cases, arrangement of home care visits as per patient's need, management of pain, bed sores and availability of established system for provision of care to terminal cases etc. Staff and patient party should be interviewed & record should be reviewed for holistic assessment.

Standard E13: The facility has established procedure for care of new-born, infant and child as per guidelines

The standard is concerned with adherence to clinical guidelines for new-born & child health. It covers immunization, emergency triage, management of high-risk babies, new-born and childhood illnesses like ARI and diarrhoea etc. Immunization services are majorly assessed at immunization clinic. Staff interview and observation should be done to assess availability of required vaccines, adherence to protocols for reconstitution of vaccine, their storage, monitoring of VVM labels etc. Standard also include identification of low birth, sick new-born & malnourished children & ensure their timely referral and treatment.

Standard E14: The facility has established procedures for family planning as per government guidelines and law

The standard is related to ensure safe & quality family planning services. This includes standard practices and procedures for Family planning counselling, spacing methods. Quality and adequacy of counselling services can be assessed by exit interview with the clients. The staff at family planning clinic need to be interacted to assess adherence to the protocols for IUD insertion, precaution & contraindication for oral pills, etc.

Standard E15: The facility provides Adolescent Reproductive and Sexual Health services as per guidelines

The standard is related to services of ARSH. It includes promotive, preventive, curative and referral services under program. The facility staff should be interviewed, and records should be reviewed.

Standard E16: The facility has established procedures for Antenatal care as per guidelines

The standard is concerned with adequacy & quality of antenatal care is provided at the facility. It includes checkpoints for ANC registration, identification of High-Risk pregnancy, management of anaemia and counselling services. Staff at ANC clinic should be interviewed, and records should be reviewed for maintenance of MCP cards and registration of pregnant women. For assessing quality and adequacy of ANC check-up, direct observation may be undertaken after obtaining requisite permission. ANC records can be reviewed to see findings of examination and diagnostic tests are recorded. The assessment and follow up of Anaemia cases should be reviewed. Beneficiaries and staff can be interacted for counselling on the nutrition, birth preparedness, family planning, etc.

Standard E17: The facility has established procedure for intranatal care as per guidelines

This standard shall be applicable only to Type B sub-centre where there will be availability of intranatal services. AAM (SC) shall be assessed for availability and compliance to established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third stage of labour), routine care of new-born immediately after birth & newborn resuscitation and procedure for management/ referral of Obstetrics Emergencies as per scope of services.

Standard E18: The facility has established procedure for post-natal Care

The standard pertains to provision of Post-partum Care to the mothers after delivery. AAM (SC) - Type B, shall be assessed for compliance to established procedures and standard protocols for management of mother and baby during post-partum period.

Area of Concern "F" – Infection Control

The first principle of health care is "to do no harm", so it becomes pertinent to ensure laying down the infection prevention practices and its conformance. The Area of Concern – Infection Control, pertains to the monitoring of basic infection control practices, ensuring compliance to hand hygiene practices and usage of Personal Protective Equipment (PPE) etc. It also covers standard practices for maintenance of hygiene, sterilisation and disinfectant practices as well as management of Bio-Medical Waste.

There are following five standards in this area of concern:

Standard F1: The facility has established program for infection prevention and control

The standard is concerned with implementation of infection control program at facility. It includes functional infection control team and monitoring of Infection control practices.

It also covers periodic medical check-up and immunization of staff. Records should be reviewed for confirming status of staff immunization, training of staff for infection management of environment protection.

Standard F2: The facility has defined and implemented procedure for ensuring hand hygiene practices

The standard is concerned with practices of hand washing. It also ensures availability of hand washing facilities viz. soap and running water etc at the point of use. Assessor may observe the technique of hand washing for assessing the practices, and effectiveness of training.

Standard F3: The facility ensures standard practices and equipment for personal protection

The standard is concerned with availability & use of PPE like gloves, masks, apron etc. Assessor may check the adequacy of supplies through records & observe the adherence and practice of using PPE.

Standard F4: The facility has standard procedure for disinfection and sterilization equipment and instruments

The standard is concerned with decontamination, cleaning, disinfection and sterilization of equipment and instruments. These practices should be observed, and staff should be interviewed for compliance to standard procedures and records should be checked.

Standard F5: The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-Medical and hazardous Waste

The standard is concerned with Bio-Medical Waste & its management at AAM (SC) and during outreach activities. It includes segregation, transportation, storage and disposal of Bio-Medical Waste. Availability of equipment and practices of segregation can be directly observed.

Staff should be interviewed about the procedure for management of the needle stick injuries. Storage and transportation of waste should be observed, and records are verified. Standard give special emphasis to ensure management of bio-medical & general waste produced in community during outreach activities. Assessor should observe how final disposal of waste take place from AAM.

Area of Concern "G" – Quality Management

Quality management requires a set of interrelated activities that assure quality of services according to set standards and strive to improve upon it through a systematic planning, implementation, monitoring, assessment, identification of non compliances and acting upon them. The standards in this area of concern are the opportunities for improvement to enhance quality of services and patient satisfaction.

Area of Concern-Quality Management cover aspects like establishment of organizational framework for quality improvement, measurement, assessment and usage of patient

satisfaction; compliance to display and usage of work instructions; regular audit using NQAS, Kayakalp and other checklists for the improvement and sustenance of Quality.

There are following five standards in this area of concern:

Standard G1: The facility has established organizational framework for quality improvement

The standard is concerned with formulation and assessing functionality of Primary health care quality team at facility. Assessor may review the document and interact with team members to know about their roles and responsibilities and how frequently they meet and review their functioning records.

Standard G2: The facility has established system for patient and employee satisfaction

The standard is concerned with having measurement of patient and employee satisfaction. This includes periodic patients' (including the health seekers from community, relatives of patients') satisfaction survey, analysis of the feedback and preparing action plan. Assessors should review the records pertaining to patient and employee satisfaction survey to ascertain that feedback of the patients and employees are taken at prescribed intervals.

Standard G3: The facility has established, documented, implemented and updated Standard Operating Procedures (SOPs) for all key processes and support services

The standard is concerned with availability and adequacy of work instructions (WI) with the respective process owners viz. CHO, MPW, ANM etc. Display of critical work instructions and clinical protocols should be observed in AAM (SC).

Standard G4: The facility has established system of periodic review of clinical, support and quality management processes

The standard pertains to establish system for internal assessments in defined intervals for clinical and non-clinical processes including audits viz prescription monitoring, referral audits etc. Assessor should review the records to ensure adequacy and periodicity of audits/ assessment. The gaps are identified, root cause analysis is done for the critical issues and AAM (SC) uses PDCA approach for the improvement.

Standard G5: Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them

The standard ensure purpose of the organization is articulated in form of mission statement and it is communicated to its internal & external stakeholders. It also ensures core values of organization is defined and are part of all policies, procedures & always consider while realizing the services to its users.

The standard make sure organization determine its Quality policy and ensure it provide framework for Quality objectives. Assessment of the standard can be done by reviewing the records pertaining to mission, core values, Quality policy & objectives. Assessor may interview staff about their awareness of mission, values, policies & objectives etc.

Area of Concern "H" – Outcome

Measurement of the quality is critical for improvement of processes and outcomes. For the desirous functioning of facility, it becomes imperative to measure its indicators which can help in knowing the productivity, efficiency and utilization of the facility as a unit. These indicators not only show the "outcomes" of the service delivery but also support the team to carry out improvement by implementing change ideas as per the requirement. Area of concern-outcome measures overall productivity, efficiency, clinical and services quality indicators for AAM (SC). These indicators may be reported through portal/dedicated IT platform. Other than just measuring indicators it is important to analyse the data for overall improvement of healthcare facilities.

There are following four standards in this area of concern:

Standard H1: The facility measures productivity indicators

This standard is concerned with measurement of productivity indicators like daily OPD of new and old cases, target population covered as per enumeration, no. of cases started the treatment etc. Assessor should review these records to ensure that these indicators are getting measured at AAM (SC) regularly.

Standard H2: The facility measures efficiency indicators

This standard contains indicators that measure efficiency of processes and human resources working in AAM (SC) such as OPD per MLHP, Home visits conducted by ASHA/MPW/ANM, time taken from identification of the cases to initiation of treatment etc. Review of records should be done to assess that these indicators have been measured correctly.

Standard H3: The facility measures clinical care indicators

The standard is concerned with clinical Quality such as early identification, correct diagnosis, initiation of treatment, Chronic illness patient with treatment compliance, follow up of the cases under treatment, timely referral at appropriate facility etc. Record review should be done to see the measurement of these indicators.

Standard H4: The facility measures service quality indicators

This standard is concerned with indicators measuring service quality provided by AAM (SC) like Patient/relatives perception about services provided, Waiting time, availability of drugs & diagnostics, availability of information etc.

B. MEASURABLE ELEMENTS

AREA OF CONCERN A: SERVICE PROVISION	
Standard A1	**The facility provides Comprehensive Primary Healthcare Services**
ME A1.1	The facility provides care in Pregnancy & childbirth services
ME A1.2	The facility provides Neonatal & Infant Health services
ME A1.3	The facility provides Child & Adolescent health services
ME A1.4	The facility provides Family Planning services
ME A1.5	The facility provides services for promotion, prevention and treatment of communicable diseases as mandated under National Health Program/state scheme
ME A1.6	The facility provides services for acute simple illness & minor ailments
ME A1.7	The facility provides services for promotion, prevention and treatment of non-communicable diseases as mandated under National Health Program/state scheme
ME A1.8	The facility provides services for common eye ailments
ME A1.9	The facility provides services for common ENT ailments
ME A1.10	The facility provides service for oral health ailments
ME A1.11	The facility provides Elderly & Palliative care services
ME A1.12	The facility provides emergency medical care, including for trauma and burn
ME A1.13	The facility provides services for Screening & Management of Mental Health illness
ME A1.14	The facility provides services for health promotion activities & wellness
Standard A2	**The facility provides drugs and diagnostic services as mandated**
ME A2.1	The facility provides laboratory services as mandated
ME A2.2	The facility provides services for drug dispensing including medicine refills
AREA OF CONCERN B: PATIENTS' RIGHTS	
Standard B1	**The facility provides information to care seeker, attendants & community about available services & their modalities**
ME B1.1	The facility displays its services and entitlements
ME B1.2	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches
ME B1.3	Information about the treatment is shared with patients or attendants

Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action
ME B2.1	The facility is accessible from community and referral centre
ME B2.2	Access to facility is provided without any physical barrier & friendly to people with disability
ME B2.3	There is affirmative action to ensure that vulnerable and marginalized sections can access services
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons
ME B3.1	Services are provided in manner that are sensitive to gender religious & cultural need
ME B3.2	Staff is aware of Patient's rights and responsibilities
ME B3.3	The facility has defined and established procedure grievance redressal system in place
Standard B4	The facility maintains privacy, confidentiality & dignity of patient
ME B4.1	Adequate visual privacy is provided at every point of care
ME B4.2	Confidentiality of patients' records and clinical information is maintained
ME B4.3	The facility ensures behaviours of its staff is dignified and respectful, while delivering the services
Standard B5	The facility ensures all services are provided free of cost to its users
ME B5.1	The facility provides cashless services as per prevalent government schemes/ norms
AREA OF CONCERN C: INPUTS	
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users
ME C1.1	Facility has adequate infrastructure, space and amenities as per patient or workload
ME C1.2	The facility ensures physical safety including electrical and fire safety of infrastructure
ME C1.3	The facility ensures availability of information & communication technologies
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load
ME C2.1	The facility ensures availability of Community Health officer
ME C2.2	The facility has adequate frontline health workers and support staff as requirement
ME C2.3	The facility has established procedure for duty roster for facility and community staff
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff
ME C3.1	Competence assessment and performance evaluation of all staff is done on predefined criteria
ME C3.2	The staff is provided training as per defined core competencies and training plan
Standard C4	The facility provides drugs and consumables required for assured services
ME C4.1	The facility have availability of adequate drugs
ME C4.2	The facility have adequate consumables as per requirement

Standard C5	**Facility has adequate functional equipment and instruments for assured list of services**
ME C5.1	The facility ensures availability of equipment and instruments for examination and monitoring of patients
ME C5.2	The facility has adequate furniture and fixture as per service provision
AREA OF CONCERN D: SUPPORT SERVICES	
Standard D1	**The facility has established Programme for maintenance and upkeep of the facility**
ME D1.1	The facility has established system for infrastructure maintenance
ME D1.2	The facility has established system for maintaining sanitation and hygiene
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs**
ME D2.1	There is established procedure for estimation and indenting of drugs and consumables as per requirement
ME D2.2	The facility ensures proper storage of drugs and consumables
ME D2.3	The facility ensures management of expiry and near expired drugs
Standard D3	**The facility has defined and established procedure for clinical records and data management with progressive use of digital technology**
ME D3.1	Information regarding ambulatory care & management, public health and managerial functions are recorded and updated through IT platforms
ME D3.2	The facility ensures safe storage, maintenance and retrieval of information & records of services
ME D3.3	The facility has established procedure for providing consultation using telemedicine
Standard D4	**The facility has defined and established procedures for hospital transparency and accountability**
ME D4.1	The facility has established procedure for management of activities of Jan Aarogya Samiti
ME D4.2	The facility has established procedures for community based monitoring of its services
ME D4.3	The facility has established procedure for supporting and monitoring activities of Community health workers
Standard D5	**The facility ensures health promotion and disease prevention activities through community mobilization**
ME D5.1	The AAM (SC) felicitate planning & implementation of health promotion and disease prevention activities through community level interventions
ME D5.2	The facility has Patient Support Groups (PSG) as per the issues/diseases in its catering population
ME D5.3	The facility ensure multisectoral convergence for health promotion and primary prevention
Standards D6	**The facility is compliant with statutory and regulatory requirement**
ME D6.1	The facility ensures its processes are in compliance with statutory and legal requirement
AREA OF CONCERN E: CLINICAL SERVICES	
Standard E1	**The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients**
ME E1.1	The facility has established procedure for empanelment & registration of individual and families

ME E1.2	The facility has established procedure for registration & consultation in AAM
ME E1.3	The facility has established procedure for follow up/re-assessment of patients
Standard E2	**The facility has defined and established procedures for continuity of care through two-way referral**
ME E2.1	The facility has established procedure for continuity of care
ME E2.2	The facility has established procedure for undertaking referred in & referred out of the cases
Standard E3	**The facility has defined and established procedures of diagnostic services**
ME E3.1	The facility has established procedure for laboratory diagnosis as per guidelines
Standard E4	**The facility has defined procedures for safe drug administration**
ME E4.1	Facility follows protocols for safe drug administration
ME E4.2	There is process for identifying and cautious administration of high alert drugs
Standard E5	**The facility follows standard treatment guidelines and ensures rational use of drugs**
ME E5.1	There is procedure of rational use of drugs
ME E5.2	Facility has system in place to periodically monitor the treatment provided by CHO
Standard E6	**The facility has defined and established procedures for nursing care**
ME E6.1	There is established procedure for identification & periodic monitoring of the patients
ME E6.2	Prescribed treatment plan and procedure performed are recorded in patient's record
ME E6.3	Adequate forms, formats and records are available as per services mandate
Standard E7	**The facility has defined and established procedures for Emergency care**
ME E 7.1	Emergency protocols are defined and implemented
ME E 7.2	The facility has disaster management plan at place
Standard E8	**The facility has defined & established procedures for management of ophthalmic, ENT, Oral health ailments as per operational/clinical guidelines**
ME E8.1	The facility provides services for Ophthalmic ailments including blindness and refractive errors as per guidelines
ME E8.2	The facility provides services for ENT ailments as per guidelines
ME E8.3	The facility provides service for oral health ailments
Standard E9	**The facility has defined & established procedures for screening & basic management of Mental health ailments as per operational/clinical guidelines**
ME E9.1	The facility provides services under mental health Program as per guidelines
Standard E10	**The facility has defined & established procedures for management of communicable diseases as per operational/clinical guidelines**
ME E10.1	The facility provides services under National Vector Borne disease control programme as per guidelines
ME E10.2	The facility provides services under National Tuberclosis Elimination Program
ME E10.3	The facility provides services under National Leprosy Eradication Program as per guidelines
ME E10.4	The facility provides services under National AIDS Control Program as per guidelines

ME E10.5	The facility provides services under Integrate Disease Surveillance Programme as per guidelines
ME E10.6	The facilities provide services for National Viral Hepatitis Control Programme
Standard E11	**The facility has defined & established procedures for management of non-communicable diseases as per operational/clinical guidelines**
ME E11.1	The facility provides services for hypertension as per guidelines
ME E11.2	The facility provides services for Diabetes as per guidelines
ME E11.3	The facility provides services for cancer screening and referral as per guidelines
ME E11.4	The facility provides services for de addiction, and locally prevalent health diseases as per guidelines
ME E11.5	The facility promotes services for health & wellness
Standard E12	**Elderly & palliative health care services are provided as per guidelines**
ME E12.1	The facility provides services for elderly care as per guidelines
ME E12.2	The facility provides services for Palliative care as per guidelines
Standard E13	**The facility has established procedures for care of newborn, infant and child as per guidelines**
ME E13.1	Post-natal visit & counselling for newborn & infant care is provided as per guideline
ME E13.2	The facility provides immunization services as per guideline
ME E13.3	Management of children for ARI, diarrhoea, malnutrition and other illness
Standard E14	**The facility has established procedures for family planning as per government guidelines and law**
ME E14.1	Family planning counselling services are provided as per guidelines
ME E14.2	The facility provides spacing methods for family planning as per guidelines
ME E14.3	The facility provides limiting methods for family planning as per guidelines
Standard E15	**The facility provides Adolescent Reproductive and Sexual Health services as per guidelines**
ME E15.1	The facility provides promotive, preventive & curative service for adolescent
Standard E16	**The facility has established procedures for Antenatal care as per guidelines**
ME E16.1	There is an established procedure for Registration and follow up of pregnant women
ME E16.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility
ME E16.3	The facility ensures drugs & diagnostics are prescribed as per protocol
ME E16.4	There is an established procedure for identification of High-risk pregnancy and appropriate & timely referral
ME E16.5	Counselling of pregnant women is done as per standard protocol and gestational age
Standard E17	**The facility has established procedure for intranatal care as per guidelines**
ME E17.1	Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) are followed at the facility
ME E17.2	Facility staff adheres to standard procedures for routine care of new-born immediately after birth and new-born resuscitation

ME E17.3	There is established procedure for management/Referral of Obstetrics Emergencies as per scope of services
Standard E18	**The facility has established procedure for post-natal care**
ME E18.1	Postpartum Care is provided to the mothers
ME E18.2	There is a established procedures for Postnatal visits & counselling of Mother and Child
AREA OF CONCERN F: INFECTION CONTROL	
Standard F1	**The facility has established program for infection prevention and control**
ME F1.1	Facility ensures that staff is working as team and monitor the infection control practices
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices**
ME F2.1	Hand Hygiene facilities are provided at point of use & ensures adherence to standard practices
Standard F3	**The facility ensures standard practices and equipment for Personal protection**
ME F3.1	The facility ensures availability of personal protection equipment and ensures adherence to standard practices
Standard F4	**The facility has standard procedures for disinfection and sterilization of equipment and instruments**
ME F4.1	The facility ensures availability of material and adherence to Standard Practices for decontamination and cleaning of instruments and followed by procedure/ patient care areas
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment
Standard F5	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-Medical and Hazardous Waste**
ME F5.1	The facility ensures segregation and storage of Bio-Medical Waste as per guidelines
ME F5.2	The facility ensures management of sharps as per guidelines
ME F5.3	The facility ensures management of hazardous & general waste
ME F5.4	The facility ensures transportation & disposal of waste as per guidelines
AREA OF CONCERN G: QUALITY MANAGEMENT	
Standard G1	**The facility has established organizational framework for quality improvement**
ME G1.1	The facility has a quality improvement team and it review its quality activities at periodic intervals
Standard G2	**The facility has established system for patient and employee satisfaction**
ME G2.1	The facility ensures mechanism for conducting patient and employee satisfaction survey
Standard G3	**The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services**
ME G3.1	Updated work instructions for all key clinical processes are available
Standard G4	**The facility has established system of periodic review of clinical, support and quality management processes**
ME G4.1	Handholding support and supervision is provided to AAM (SC) by PHC, block/ district/state teams
ME G4.2	The facility conducts periodic internal assessment

ME G4.3	The facility ensures non compliances are recorded adequately and action plan is made on the gaps found in the assessment/review process using quality improvement methods
Standard G5	**Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them**
ME G5.1	The facility has defined Quality policy and quality objectives
AREA OF CONCERN H: OUTCOMES	
Standard H1	**The facility measures Productivity Indicators**
ME H1.1	The facility measures productivity indicators for essential services on monthly basis
ME H1.2	The facility ensures compliance of key productivity indicators with National/State benchmarks
Standard H2	**The facility measures efficiency Indicators**
ME H2.1	The facility measures efficiency indicators on monthly basis
ME H2.2	The facility ensures compliance of key efficiency indicators with National/State benchmarks
Standard H3	**The facility measures Clinical Care Indicators**
ME H3.1	The facility measures clinical care indicators on monthly basis
ME H3.2	The facility ensures compliance of key clinical care indicators with National/State benchmarks
Standard H4	**The facility measures service Quality Indicators**
ME H4.1	The facility measures service quality indicators on monthly basis
ME H4.2	The facility ensures compliance of key service quality indicators with National/State benchmarks

C. STANDARDS AND MEASURABLE ELEMENTS: APPLICABILITY TO TYPE A AND TYPE B SUB-CENTRES

Standard No.	Area of Concern & Standards	SC Type A	SC Type B
AREA OF CONCERN A: SERVICE PROVISION			
Standard A1	The facility provides Comprehensive Primary Healthcare Services	√	√
Standard A2	The facility provides drugs and diagnostic services as mandated	√	√
AREA OF CONCERN B: PATIENTS RIGHT			
Standard B1	The facility provides information to care seeker, attendants & community about available services & their modalities	√	√
Standard B2	Facility ensures services are accessible to care seekers and visitors including those required some affirmative action	√	√
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons	√	√
Standard B4	The facility maintains privacy, confidentiality & dignity of patient	√	√
Standard B5	The facility ensures all services are provided free of cost to its users	√	√
AREA OF CONCERN C: INPUTS			
Standard C1	The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users	√	√
Standard C2	The facility has adequate qualified and trained staff required for providing the assured services as per current case load	√	√
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff	√	√

Standard No.	Area of Concern & Standards	SC Type A	SC Type B
Standard C4	The facility provides drugs and consumables required for assured services	√	√
Standard C5	Facility has adequate functional equipment and instruments for assured list of services	√	√
AREA OF CONCERN D: SUPPORT SERVICES			
Standard D1	The facility has established Programme for maintenance and upkeep of the facility	√	√
Standard D2	The facility has defined procedures for storage, inventory management and dispensing of drugs	√	√
Standard D3	The facility has defined and established procedure for clinical records and data management with progressive use of digital technology	√	√
Standard D4	The facility has defined and established procedures for hospital transparency and accountability	√	√
Standard D5	The facility ensures health promotion and disease prevention activities through community mobilization	√	√
Standards D6	The facility is compliant with statutory and regulatory requirement	√	√
AREA OF CONCERN E: CLINICAL SERVICES			
Standard E1	The facility has defined procedures for registration, consultation, admission, clinical assessment and reassessment of the patients	√	√
Standard E2	The facility has defined and established procedures for continuity of care through two way referral	√	√
Standard E3	The facility has defined and established procedures of diagnostic services	√	√
Standard E4	The facility has defined procedures for safe drug administration	√	√
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs	√	√
Standard E6	The facility has defined and established procedures for nursing care	√	√
Standard E7	The facility has defined and established procedures for Emergency care	√	√
Standard E8	The facility has defined & established procedures for management of ophthalmic, ENT, Oral & Mental health ailments as per operational/clinical guidelines	√	√

Standard No.	Area of Concern & Standards	SC Type A	SC Type B
Standard E9	The facility has defined & established procedures for screening and basic management Mental health ailments as per operational/clinical guidelines	√	√
Standard E10	The facility has defined & established procedures for management of communicable diseases as per operational/clinical guidelines	√	√
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/clinical guidelines	√	√
Standard E12	Elderly & palliative health care services are provided as per guidelines	√	√
Standard E13	The facility has established procedures for care of newborn, infant and child as per guidelines	√	√
Standard E14	The facility has established procedures for family planning as per government guidelines and law	√	√
Standard E15	The facility provides Adolescent Reproductive and Sexual Health services as per guidelines	√	√
Standard E16	The facility has established procedures for Antenatal care as per guidelines	√	√
Standard E17	The facility has established procedure for intra-natal care as per guidelines	Not applicable	√
Standard E18	The facility has established procedure for post-natal care	Not applicable	√
AREA OF CONCERN F: INFECTION CONTROL			
Standard F1	The facility has established program for infection prevention and control	√	√
Standard F2	The facility has defined and Implemented procedures for ensuring hand hygiene practices	√	√
Standard F3	The facility ensures standard practices and equipment for Personal protection	√	√
Standard F4	The facility has standard procedures for disinfection and sterilization equipment and instruments	√	√
Standard F5	The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-Medical and Hazardous Waste	√	√
AREA OF CONCERN G: QUALITY MANAGEMENT			
Standard G1	The facility has established organizational framework for quality improvement	√	√

Standard No.	Area of Concern & Standards	SC Type A	SC Type B
Standard G2	The facility has established system for patient and employee satisfaction	√	√
Standard G3	The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services	√	√
Standard G4	The facility has established system of periodic review of clinical, support and quality management processes	√	√
Standard G5	Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them	√	√
AREA OF CONCERN H: OUTCOME			
Standard H1	The facility measures Productivity Indicators	√	√
Standard H2	The facility measures efficiency Indicators	√	√
Standard H3	The facility measures Clinical Care Indicators	√	√
Standard H4	The facility measures service Quality Indicators	√	√
Standard H5	Facility analyse the indicators and use them for decision making	√	√

CERTIFICATION CRITERIA FOR THE AWARD OF CERTIFICATE

1. Aggregate score of the health facility - ≥70%

2. Score of each service package of the health facility (minimum 7 packages) - ≥70%

3. Segregated score in each Area of Concern - ≥60%

4. Score of Standard - ≥60%

   a. Standard A1 - The facility provides Comprehensive Primary Healthcare Services

   b. Standard D3 - The facility has defined and established procedure for clinical records and data management with progressive use of digital technology

   c. Standard D4 - The facility has defined and established procedures for hospital transparency and accountability

   d. Standard D5 - The facility ensures health promotion and disease prevention activities through community mobilization

   e. Standard G2 - The facility has established system for patient and employee satisfaction

5. Individual Standard wise score- ≥50%

6. Patient/client Satisfaction Score - 60% or Score of 3.0 on Likert Scale, separately

Incentive for National Certified AAM-SC

One of the key initiatives in building Quality culture is through incentives & recognition along with continuous monitoring & handholding support from the state and districts. The facilities which get National certification for the quality and have retained such status will be incentivised. The certificate shall be valid for the period of three years. An incentive of Rs. 18,000/- per package per year will be awarded on attainment of National certification and its maintenance in subsequent years and annual submission of surveillance report. For a facility to apply for the state and national certification it is mandatory to apply atleast for the following 7 packages:

1. Care in pregnancy and child-birth

2. Neonatal and infant health care services

3. Childhood and adolescent health care services

4. Family planning, Contraceptive services and other Reproductive Health Care services

5. Management of Communicable diseases including National Health Programmes

6. Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments

7. Screening, Prevention, Control and Management of Non-Communicable diseases.

CHECKLIST

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
AREA OF CONCERN A: SERVICE PROVISION						
Standard A1	**The facility provides Comprehensive Primary Healthcare Services**					
ME A1.1	The facility provides care in Pregnancy & child birth services	Availability of functional ANC services with minimum 4 ANC checkups	Services for early registration, screening including lab investigation, counselling & identification of high risk and danger signs	SI/RR		
		First aid, referral & follow up services for High Risk pregnancies are provided	APH, PIH, Pre-eclampsia, Severe Anaemia, IUGR, Multiple pregnancies, Gestational Diabetes, Hypothyroidism, Syphilis and bad obstetric history	SI/RR		
		Availability of Normal Vaginal delivery services and referral services for Obstetrics emergencies	Normal Delivery using partograph, identification & management of danger sign during labour and post delivery 24 hr stay	SI/RR		AAM-SC Type B
		Availability of prompt referral services for Obstetrics emergencies	PPH, Eclampsia, Sepsis	SI/RR		AAM-SC Type B
ME A1.2	The facility provides Neonatal & Infant Health services	Identification, primary management & prompt referral of sick new born & infant	**New Born:** Low birth weight newborn <1800 gms, Preterm, Sepsis, Birth asphyxia, Congenital anomalies	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			Infant: ARI, diarrhoea, jaundice, anaemia & malnutrition, developmental delays			
		Availability of Immunization Services	Complete immunization schedule & reporting of AEFI both from Sub-centre & outreach	SI/RR		
		Availability of post-natal new born care services	Essential New born care including new born resuscitation	SI/RR		AAM-SC Type B
ME A1.3	The facility provides Childhood & Adolescent health services	Identification, primary management, referral & follow up services for Childhood ailments	Anaemia, malnutrition, vaccine preventable diseases, ARI, diarrhoea, fever, ENT problems, skin infections, worm infestations, poisoning, injuries/accidents, 4D's, sickle cell anaemia	SI/RR		
		Education, Counselling and referral services for Adolescent health	Prevention & treatment of anaemia and other deficiencies, Counselling on life style, menstrual hygiene, harmful effects of tobacco/substance abuse and sex education	SI/CI		
ME A1.4	The facility provides Family Planning services	Availability of family planning services	Provision of contraceptive including ECP, OCP, Injectables, condom, IUCD	SI/RR		
		Education, Counselling and referral services for family planning services	1. Provide Information about Family planning options to eligible clients 2. Motivate families for spacing b/w 2 children			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			3. Counselling to support couple in choosing the FP methods, Provide correct & appropriate information about chosen method	SI/CI		
			4. Post abortion contraceptive counselling			
			5. Referral & support for sterilization, Abortions & GBV			
		Identification and referral for Obstetric and Gynaecological Conditions	Identification, management & referral (if required) Dysmenorrhoea, Vaginal Discharge, Mastitis, Breast lump, Pelvic Pain and Pelvic Organ Prolapse, Identification and management for RTI/STI	SI/RR		
ME A1.5	The facility provides services for promotion, prevention and treatment of communicable diseases as mandated under National Health Program/state scheme	Preventive & promotive services under NVBDCP	Malaria, Dengue, Chikungunya, Filariasis, KalaAzar, Japanese Encephalitis	SI/RR		
		Case detection, treatment, referral & follow up of cases under NVBDCP	1. Diagnostic services, primary management, referral & follow up of complicated cases	SI/RR		
			2. Mass drug administration in case of filariasis & immunization in JE			
		Preventive & promotive measures under NTEP	Community engagement, facilitate referral, promote treatment completion & reducing stigma	CI/SI		
		Case detection, treatment, referral & follow up of cases under NTEP	Early identification, link with designed microscopy centre, referral & follow up of complicated cases, & medication compliance	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Preventive & promotive measures under NLEP	Community engagement, facilitate referral, promote treatment completion & reducing stigma	SI/CI		
		Case detection, treatment, referral & follow up of cases under NLEP	Diagnostic services, primary management, referral & follow up of complicated cases & medication compliance	SI/RR		
		Preventive & promotive services under NACP	Prevention & promotion among high-risk behaviour groups, support to patient living with HIV/AIDS	SI/CI		
		Referral & follow up of cases under NACP	Compliance to ART & follow up	SI/RR		
		Provision for the screening for HIV	Referral & Support for treatment - In Type B Sub-centre	SI/RR		AAM-SC Type B
		Preventive & promotive measures under NVHCP	Community engagement/ peer support, facilitate referral, promote treatment completion, Convergence with other departments	SI/CI		
		Case detection, treatment, referral & follow up of cases under NVHCP	Diagnostic services, referral & follow up	SI/RR		
		Availability of functional services under IDSP/IHIP	Weekly reporting & surveillance	SI/RR		
ME A1.6	The facility provide services for acute Simple illness & minor ailments	Identification, management and referral of acute illness & minor ailments	Fever, URIs, ARIs, Diarrhoea, Scabies, Rashes/Urticaria, Abscess, Cholera, Dysentery, Typhoid, Helminthiasis, Headache, Body aches, Joint aches	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Preventive & promotive measures for acute illness	Water borne diseases (diarrhoea, dysentery, enteritis) Helminthiasis, rabies, musculoskeletal disorders (osteoporosis, arthritis, aches)	SI/CI		
ME A1.7	The facility provides services for promotion, prevention and treatment of Non-communicable diseases as mandated under National Health Program/state scheme	Availability of services for Hypertension	Screening, treatment compliance and follow up of all positive cases, referral & follow up for complications and refill of drugs	SI/RR		
		Availability of services for Diabetes	Screening, Diagnosis, treatment compliance and follow up of all diagnosed cases, referral & follow up for complications and refill of drugs	SI/RR		
		Availability of services for Non-alcoholic fatty liver disease (NAFLD)	Screening, treatment compliance and follow up of all positive cases, referral & follow up for complications and refill of drugs	SI/RR		
		Availability of Services for Cancers	Oral, Breast, Cervical Cancers. Screening, linking with the specialist, 2-way referral & follow up treatment compliance and complications	SI/RR		
		Availability of services for respiratory diseases	Screening, early identification, treatment compliance and follow up of all diagnosed cases, referral and follow up for complications, refill of drugs for diseases such as COPD & Asthma	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Availability of services for Epilepsy	Screening, early identification, treatment compliance and follow up of all diagnosed cases, referral and follow up for complications, refill of drugs	SI/RR		
		Availability of services for locally prevalent health diseases & substance abuse	Early identification, referral & follow up care for disease such as Pneumoconiosis, Dermatitis, Lead Poisoning, Fluorosis etc. & for substance abuse such as tobacco, Alcohol & others	RR/CI		
		Preventive & promotive services under NCD	Community engagement to promote healthy life style & address risk factor. Counselling and IEC activities regarding harmful effects of NCDs	SI/CI		
ME A1.8	The facility provides services for common eye ailments	Availability of Ophthalmic Services	1. Screening & referral of Blindness, Refractive errors, Visual Acuity, Cataract 2. Identification and primary treatment of Conjunctivitis, dry Eye, Trachoma, foreign body, eye injuries 3. Follow up medicines for chronic eye disease such as Cataract and glaucoma	SI/RR		
		Preventive & promotive services under for Ophthalmic	Awareness generation, vit A prophylaxis for eye (6 month-5 yr), eye examination for pre term (less than 32 weeks)	SI/PI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME A1.9	The facility provides services for common ENT ailments	Availability of ENT Services	Identification, primary management and referral (if required) for Common Cold, URI, Tonsillitis, Pharyngitis, Laryngitis and Sinusitis, Epistaxis, Otomycosis, Otitis Externa, ASOM, removal of foreign bodies/Injuries, thyroid swelling	SI/RR		
		Preventive & promotive services under for ENT	Awareness generation about causes & prevention of ENT problem viz. Protection from excessive noise, Safe listening (< 85 db), improving acoustic environment, avoid self-medication and not to attempt foreign body removal at home	SI/CI		
ME A1.10	The facility provides service for oral health ailments	Availability of early identification & referral services for oral Health conditions	Irregular arrangement of teeth & Jaws (Malocclusion), Dental Fluorosis, Cleft lip & palate, Abnormal growth, patch or ulcers, oral cancers	SI/RR		
		Availability of symptomatic management & referral services for oral Health conditions	Gum diseases (Gingivitis, Periodontitis), Dental caries and dental emergencies (Tooth ache, Tooth injuries, uncontrolled bleeding and abscess)	SI/RR		
		Preventive & promotive services under oral health	Awareness generation, oral health education & prevention of common oral diseases through dietary advice & tobacco cessation	SI/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME A1.11	The facility provide Elderly & Palliative care services	Availability of services for elderly care	1. General Awareness about - Healthy life style, social security scheme for elderly and promote active & healthy aging, identification of age related ailments and increase supportive environment in families 2. Mapping of elderly Population 3. Comprehensive Geriatric assessment by Primary health Care team 4. Domiciliary visits to bed ridden patients	SI/RR		
		Availability of services for palliative care	1. Population enumeration & empanelment of cases requiring palliative care 2. Palliative care assessment 3. Home visit for psyco social support and basic nursing care 4. Dispense drugs & consumables as per requirement	SI/RR		
ME A1.12	The facility provides emergency medical care, including for trauma and burn	Availability of services for Medical Emergencies including trauma & burns	1. Stabilization and referral services for minor injuries, animal bites, poisoning, burn, Respiratory arrest, cardiac arrest, fractures, shock, chocking, fits, drowning, haemorrhage, cellulitis, Acute gastro-intestinal conditions & Genito - urinary conditions	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			2. Identification & referral for Cysts, Lipoma, haemorrhoids, hernia, hydrocele, varicose veins, bed ulcers, phimosis etc.			
ME A1.13	The facility provides services for Screening & Management of Mental Health illness	Availability of services for mental health	Identification, counselling & referral for Anxiety, hysteria, Depression, Neurosis, Dementia, Mental Retardation, Autism	SI/RR		
		Preventive & promotive services under mental health	Awareness generation, stigma & discrimination reduction, community engagement, patient support, facilitate referral, promote treatment completion etc.	SI/CI		
ME A1.14	The facility provides services for health promotion activities & wellness	AAM (SC) undertakes health promotion and disease prevention activities through Community level resources	VHSNCs/Self-help group/Patient support groups, Health promotion campaign and multisectoral convergence	CI/RR		
		Provision of wellness services through Yoga and other activities	Periodic scheduling of yoga session, Health education for life style modification	SI/CI		
		Provision of AYUSH services	Give full compliance in case of separate Ayush Centre as per the scope of services defined by state/UTs.	SI/RR		
		Provision of counselling services for Eat Right	Check counselling services for: 1. **Eat Healthy:** (a) Nutrition during first 1000 days of Life	SI/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			(b) Balanced diet (c) Food fortification (d) Food to avoid			
			2. **Eat Safe**: (a) Hygiene & Sanitation (b) Food Safety & Safe food practices (c) Food Adulteration			
Standard A2	**The facility provides drugs and diagnostic services as mandated**					
ME A2.1	The facility provides laboratory services as mandated	Availability of basic diagnostic services including NHP	Point of care diagnostics including RDKs as per Service delivery Hb, UPT, Urine dip stick (albumin & Sugar), Blood sugar, Malaria - RCT, RCT for dengue, collection of sputum sample for TB, HIV RCT, VIA test, Test for Iodine in salt (kit), Water testing for faecal contamination & chlorination, HBs Ag for hepatitis B, filariasis (endemic areas), Syphilis (RTK)	CI/RR		
		Linkages with the Central diagnostic units (Hub & spoke)	As per scope of services provided	SI/RR		
ME A2.2	The facility provides services for drug dispensing including medicine refills	Availability of drugs as per EML	As per scope of services provided	SI/RR		
		Availability of drugs for refill for chronic cases	As per scope of service provided	SI/RR		
	AREA OF CONCERN B: PATIENTS RIGHT					
Standard B1	**The facility provides information to care seeker, attendants & community about available services & their modalities**					
ME B1.1	The facility displays its services and entitlements	Name of the facility & list of services available are displayed prominently	1. Name of the Ayushman Arogya Mandir, Service Packages and time mandate is displayed	OB		
			2. Check the name of AAM (SC) is visible at night also			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Branding of Ayushman Arogya Mandir is done as per guidelines	(1) Outer surface of the building is metallic yellow . (mistmatch in olour require prior approval from MOHFW) (2) Windows and their frame in brown with specified shade. (3) Six illustrations are drawn on the façade and are prominently displayed (4) HWC is renamed as Ayushman Arogya Mandir with its tag line "Arogyam Paramam Dhanam" (5) Logo of NHM and Ayushman Bharat. (6). Check electronic display of boards of the services. Give non compliance if it is still named as HWC, painted or flex or electronic	OB		
		Name of AAM is written in regional language	(1) HWC is renamed as Ayushman Arogya Mandir with its tag line "Arogyam Paramam Dhanam" (2) Check the translation of regional language correspond with designated name. (3) Check the tagline is transliterated only. (4) Check no flex or banner is used. Flex affixed on metal frame is only allowed	OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			for a rental building. Give non compliance if it is still named as HWC, painted or flex or electronic			
		Citizen charter is displayed	1. In local language 2. Service provided, contact details of fire, police ambulance. Name & contact detail of CHW and nearest referral centre 3. Details of grievance redressal mechanism 4. Citizen rights and responsibilities	OB		
		AAM (SC) displays entitlements available as per scope of services	Under all NHP including RMNCHA and PMJAY	OB		
		List of available drugs prominently displayed	Updated as per current stock	OB/RR		
		All signages are of uniform colour, user friendly & in local language	Information is available in local language and easy to understand	OB		
		Directional signages are displayed in the catchment area	Check prominent signage are displayed to reach AAM-SC	OB		
ME B1.2	Patients & visitors are sensitized and educated through appropriate IEC/BCC approaches	IEC Material is displayed as per services provided	1. Service specific relevant IEC is displayed 2. Check availability of the updated IEC material 3. Check no outdated information is displayed in AAM	OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			4. Check audio visual aids are used to display the IEC/information			
		AAM (SC) promotes wellness through EAT right campaign	1. Check relevant poster are displayed 2. Check staff engages the community in disseminating key messages in outreach as well as AAM (SC) related to nutrition & sanitation through various activities viz: 3D food pyramid, food fortification pocket flyer, +F logo puzzle, waste management, hand washing, food adulteration etc. 3. Check AV aids are played in waiting area as well as during EAT right campaign	OB/CI		
		Health Promotion activities are undertaken using various BCC approach	Staff is aware of various BCC approaches for risk factor identification, life style modification, treatment compliance & follow up care Viz. GATHER (Greet, Ask, tell, help, Explain & return (FP), TALK: Tell, advise, Lead & Know (Health promotion for NCD, 5 A's (Ask, advice, assess, assist, arrange) (Tobacco & alcohol cessation)	SI/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME B1.3	Information about the treatment and entitlements are shared with patients or attendants	Patient is informed about clinical condition and treatment plan	Check patients is explained about - diagnosis, treatment plan (dosage, period etc), special instructions, referral & follow up	CI/RR		
		Consent is taken before procedure for conditions (wherever required)	Staff is aware of the conditions where consent is taken before procedure	SI/RR		
		Primary healthcare team provide information to beneficiaries or families regarding their entitlements	JSY, JSSK, RBSK, RMNCHA, PM JAY/ state insurance scheme etc. Also support beneficiaries to seek services	CI/SI		
		AAM (SC) team provide support for linkage with PM-JAY to avail the scheme benefits	Facilitate identification & registration of families for PM-JAY	SI/CI		
Standard B2	**Facility ensures services are accessible to care seekers and visitors including those requiring some affirmative action**					
ME B2.1	The facility is accessible from community and referral centre	AAM (SC) is located closer to community	1 Ensure care is provided within 30 minutes, provision for MMU for hard to reach area (Give full compliance for MMU if area is not hard to reach) 2 Preferably within 1-2 kms of Referral Centre	CI/SI		
		Check outreach sessions are conducted	Check for Outreach session plan - targeted population covered & implementation as per plan	SI/RR		
		The services are available for the time period, as mandated	AAM (SC) is functional for at least six hours per day	CI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		The facility provides access to expanded range of services	Care in pregnancy & child birth, Neonatal & infant healthcare services, childhood & adolescent healthcare services, family planning & reproductive healthcare services, communicable diseases including NHPs, Common communicable disease & out patient care, Non communicable diseases, common ophthalmic & ENT problems, Oral health, elderly & palliative care, Emergency medical services & Mental health ailments	CI/RR		
ME B2.2	Access to facility is provided without any physical barrier & friendly to people with disability	Check AAM (SC) premises are free from any physical barrier	Availability of Wheel chair/stretcher, ramp with railing (At least 120 cm width, Gradient not be steeper than 1:12)	OB		
		Check AAM (SC) premises are obstacle free for ambulatory and semi ambulatory individuals	1. Passage is wide enough for wheel chair and crutches/canes/ stick users 2. Floors are non slippery 3. Ramps and stairs with handrails 4. Ramps & staircases with hip lip (20 mm) on exposed side to prevent slipping of cane/crutches/ wheelchair	OB		
		Check AAM (SC) premises are obstacle free for sight and hearing disable individuals	1. Tactile signs with good contrast between letters & background	OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			2. One or two rows of tactile guiding blocks along the entire length of the proposed accessible route 3. Check there are no poles or uneven surfaces along the route traversed by the guiding blocks			
ME B2.3	There is affirmative action to ensure that vulnerable and marginalized sections can access services	Check for special precaution is taken for maintaining privacy & confidentiality of cases having social stigma	HIV, Leprosy, Abortion, domestic Violence, psychotic cases, GBV, abuses etc	SI/RR		
		There are linkages of care, Counselling and Protection of vulnerable and marginalized section	Victims of Violence including domestic violence/Gender Based Violence, terminally ill patients, orphan, elderly etc. Linkage and support for treatment, counselling & Legal Support	SI/RR		
Standard B3	Services are delivered in a manner that are sensitive to gender, religious & cultural needs and there is no discrimination on account of economic or social reasons					
ME B3.1	Services are provided in manner that are sensitive to gender religious & cultural need	Availability of female staff/ attendant, if a male CHO examines a female patients		SI/CI		
		Religious and cultural preferences of patients and their attendants are taken into consideration, while delivering services	Cultural and religious preferences of patients are honoured	OB/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		There is no discrimination based religion, ethnicity, socio economic status, cast, gender & language etc.	1. Check there is no discrimination due to religion, cast and tribe 2. Check there is no discrimination due to gender 3. Check there is no discrimination due to socio economic status 4. Check there is no discrimination due to ethnicity & language	CI/OB		
ME B3.2	Staff is aware of Patients rights and responsibilities	Check Staff is aware of Patient rights and responsibilities	Display of patient rights and responsibilities through citizen charter	OB/SI		
		Check community is aware of Patient's rights and responsibilities	Check community is aware of services provided, grievance redressal mechanism, contact details of higher centre, contact details of ambulances by AAM-HSC	CI/OB		
ME B3.3	The facility has defined and established procedure grievance redressal system in place	Check staff & community is aware of grievance redressal system	Existing state grievance system/104	SI/CI		
		Availability of complaint reporting system	Complaint Box/ Complaint register/ facility specific IT system. Defined period for resolving the complaints	OB/RR		
		Corrective and preventive action taken	Mechanism to report the patient on action taken	SI/RR		
Standard B4	The facility maintains privacy, confidentiality & dignity of patient					
ME B4.1	Adequate visual privacy is provided at every point of care	Availability of screen/curtains in examination area and in windows	Screen/curtain/ frosted glass on windows	OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		One Patient is seen at a time by CHO	Clinic is not shared by two patients at a time	OB		
ME B4.2	Confidentiality of patients' records and clinical information is maintained	Patient records are kept in safe custody	Family folders, CBAC form, NCD portal information, HIV, RTI/STI, OPD registers etc. Patient records are kept at safe place beyond access of general patient flow	OB/SI		
		Check patient and their kin's have access to clinical records	1. Check AAM (SC) has policy in place regarding access of clinical information & records 2. Staff is aware of it 3. Need based individual's summary & prescription details are provided. (IT system-have option for print)	SI/RR		
ME B4.3	The facility ensures behaviours of its staff is dignified and respectful, while delivering the services	Behaviour of staff is empathetic and courteous to patients and visitors	Ask the patient about their experience of care	CI		
		Behaviour of staff is dignified & respectful	Care is free from any physical & verbal abuse. Vulnerable or marginalized patients are not left unattended/ignored. Check the status separately in labour room if delivery services are provided in SC	CI		Check in Both Type of SC
Standard B5	The facility ensures all services are provided free of cost to its users					
ME B5.1	The facility provides free of cost services as per prevalent government schemes/norms	AAM (SC) provide free of cost access to all the services	As per service package or RMNCHA, CD, NCD, Eye, ENT, Oral, Mental Health, Elderly, Pallative, Emergency medical services etc.	CI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		The facility provides free of cost screening and investigations services as per requirement	All screening services and required diagnostic services are provided free of cost	CI/SI		
		The facility provides free of cost essential medicines and refills as per treatment plan	Check all drugs in the AAM-EML are provided free of cost	CI/SI		
		Availability of free referral/ ambulance services	Through 102/108 or any other	CI/SI		
		Availability of free teleconsultation services		CI/SI		
**AREA OF CONCERN C: INPUTS**
Standard C1		**The facility has adequate and safe infrastructure for delivery of assured services as per prevalent norms and it provides optimal care and comfort to users**
ME C1.1	Facility has adequate infrastructure, space and amenities as per patient or work load	Well ventilated & illuminated clinic room with examination space	1. Check demarcated area for examination (privacy maintained), consultation and administrative/ record keeping 2. Availability of adequate Natural Light/Illumination (150 Lux in OPD area & 300 Lux in drug dispensing areas)	OB		
		Availability of adequate patient waiting area	Covered waiting area which can accommodate 20-25 Chairs. Check space is adequate to maintain physical distancing	OB		
		Demarcated space for Laboratory/ diagnostics	Lab. space is adequate for carrying out Lab. activities	OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Adequate space/room for Yoga activities	Within AAM (SC) or its premises	OB		
		Demarcated area for carrying out immunization activities		OB		
		Demarcated area of storage	1. Storage space for storing medicines, Consumables & equipment etc. 2. Check the availability of racks/Almirahs/ shelf etc.	OB		
		Availability of functional telephone/ Mobile and internet services	CUG numbers/ Landline and internet connectivity	OB		
		Availability of regular & uninterrupted electricity supply	1. Availability of Portable emergency light, generators/ inverters/solar panel/for power back up 2. Use of energy efficient bulbs for lighting	SI/OB		
		Adequate water supply with storage facility	1. Potable drinking water supply is available for patients, visitor & staff 2. Piped water supply/tube well with fitted water pump/other alternate source 3. Water Storage facility - Minimum 3 days 4. Periodic chlorination & Quality testing of water is done	OB/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Availability of separate toilets for male & female	1. Check toilets are functional with running water facility 2. Check the toilets are disable friendly	OB		
		AAM (SC) premises has intact boundary wall	Check boundary is of adequate height and it is not broken from anywhere	OB		
		Availability of separate room for delivery with required amenities	Labour table with mattress, New born care corner	OB		AAM-SC Type B
ME C1.2	The facility ensures physical safety including electrical and fire safety of infrastructure	AAM (SC) has installed fire Extinguisher and staff know how to operate it	1. Fire extinguisher ABC type 2. Check expiry date & refill date is displayed 3. PASS: P- Pull the pin, A- Aim at base of fire, S- Squeeze the lever, S-Sweep side to side 4. Check Exits are clutter free	OB/SI		
		AAM (SC) does not have temporary connections and loosely hanging wires	Safe installation, use of appropriate wires & MCB, Use of AV regulator (for regulating the fluctuations)	OB/SI		
		Non structural components are properly secured	1. Check for fixtures & furniture like Almirah/Cabinets, hanging objects are properly fastened & secured 2. Building bye laws & instructions of NBC for seismic safety is followed	OB/SI		
ME C1.3	The facility ensures availability of information & communication technologies	AAM (SC) has adequate ICT hardware for efficient delivery of services	1. Check availability of Smartphones/Tablets and Laptop/desktops, internet connectivity (2 mbps)	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			2. For telemedicine services Check desktop/Laptop have headphone, HD web camera & printer connected with it			
		AAM (SC) has adequate ICT software for efficient delivery of services	Check availability of functional & updated Portals or applications viz RCH portal, AAM (SC) portal, NCD portal, ANMOL, DVDMS, NIKSHAY, e-sanjeevani, HMIS etc. and any state specific application	RR/SI		
Standard C2		**The facility has adequate qualified and trained staff required for providing the assured services as per current case load**				
ME C2.1	The facility ensures availability of Community Health officer	Availability of Community Health Officer	As per eligibility criteria. Staff is aware of their role and responsibilities	SI/RR		
ME C2.2	The facility have adequate frontline health workers and support staff as requirement	Availability of ANM	1. 2 ANM (1 essential & 1 Desirable) - SC type-A 2. 2 ANM (Essential, one may be staff nurse) - Only for SC type-B 3. Staff is aware of their role and responsibilities	SI/RR		
		Availability of Multipurpose Worker	1 Female and 1 Male Staff is aware of their role and responsibilities for AAM (SC) and community	SI/RR		
		Availability of ASHA & ASHA facilitator	1 ASHA per 1000 population/ASHA per 500 population for tribal and hilly area. 1 ASHA facilitator/20,000 population Staff is aware of their role and responsibilities for AAM (SC) & community	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME C2.3	The facility has established procedure for duty roster for facility and community staff	Check duty roster is prepared, updated & followed for all cadres		SI/RR		
		Check field visit plans are prepared, updated & followed by primary healthcare team		SI/RR		
		All staff adhere to their respective dress code	1. Staff adhere to their respective dress code 2. Staff on duty is wearing their ID card	OB		
Standard C3	Facility has a defined and established procedure for effective utilization, evaluation and augmentation of competence and performance of staff					
ME C3.1	Competence assessment and performance evaluation of all staff is done on predefined criteria	Check parameters for assessing skills and proficiency of staff has been defined	1. Check objective checklist has been prepared for assessing competence of staff based on job description and assessment is done at least once in a year 2. Check who did the assessment - At least PHC-MO/ Competence Matrix is prepared for each category of staff	RR/SI		
		Check for performance evaluation is done atleast once in a year	Verify with records that performance appraisal has been done at least once in a year and Verify with staff for actual assessment done	RR/SI		
		Check actions are taken for all the identified gaps	Check training needs are identified at defined intervals & adequate skill are provided	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME C3.2	The staff is provided training as per defined core competencies and training plan	CHO is trained as per mandate	1. 6 month certificate program in Community health 2. 3 day IT training including Tele medicines 3. 5-7 days supplementary training on new health programs, new skills (if applicable) 4. Refresher every year (if applicable) 5. Basic physiotherapy (where ever elderly & palliative care packages are available) 6. Training on Eat right tool kit	RR/SI		
		MPW is trained as per mandate	**MPW - (F):** 1. 4-5 days training IUCD insertion, NSSK, HBNC Supervision, Management of Childhood illness 2. 21 days of SBA training. (Wherever applicable) **MPW (All):** National Health Programmes, 3 days training on NCD, 1 day joint training with ASHA for NCD screening, 3 days training on reporting and receiving information using digital applications & basic nursing care training (esp. for elderly & palliative care), training on Eat right tool kit	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		AHSA is trained as per mandate	1. 8 days induction training, 20 days training of module 6 & 7, 5 days NCD module 2. Supplementary & refresher training for 15 days/year. (if applicable) 3. ASHA facilitator is trained for Basic physiotherapy (where ever elderly & palliative care packages are available), Training on Eat right toolkit	RR/SI		
		Staff is provided with Quality assurance training	Bio-Medical Waste Management, Infection Prevention, patient safety, internal assessment, BLS, Methods of QA viz PSS, 5S, PDCA etc.	RR/SI		
		Check AAM (SC) use IT platforms for regular continuous learning & capacity building	1. Through access to Job aids/MOOC (massive open online courses)/ ECHO etc. 2. Check how many capacity building training/workshop attended by primary healthcare team in last quarter	RR/SI		
Standard C4	**The facility provides drugs and consumables required for assured services**					
ME C4.1	The facility have availability of adequate drugs	Availability of Anaesthetics agents	Oxygen & Lignocaine topical (5%)	OB/RR		
		Availability of Anti-allergic	Levocetirizine tablet (5 mg), Levocetirizine Oral liquid, Hydrocortisone Succinate injection 100 mg, Pheniramine Inj 22.75 mg/ml, Adrenaline Inj 1 mg/ml, Hydroxyurea	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Availability of Analgesics, Anti Pyretic, NSAIDS	Aspirin tab 75, Diclofenac tab 50 mg, Diclofenac injection 25 mg/ml, Paracetamol tab 250 mg, Paracetamol Syrup 125 mg/5 ml, Paracetamol Syrup 250 mg/5 ml, Ibuprofen tab 200 mg	OB/RR		
		Availability on Anticonvul-sants/Anti epi-leptics	Phenytoin Tablet 50 mg & 300 mg, Sodium valproate Tablet 200, 500 mg & Sodium valporate Syrup each 200 mg/5 ml, Phenobarbitone tab 30 & 60 mg, Phenobarbitone Syrup 20 mg/5 ml, Midazolam nasal spray, Diazepam tab 5 & 10 mg, Magnesium sulphate Inj (50% sol) - 2 ml	OB/RR		
		Availability of Intestinal Anti Helminths	Albendazole Tablet 400 mg, Albendazole Oral liquid 200 mg/5 ml	OB/RR		
		Availability of Antifilarial	Diethylcarbamazine Tablet 100 mg Diethylcarbamazine Oral liquid 120 mg/5 ml	OB/RR		
		Availability of Anti Bacterial	Amoxicillin Capsule 250 & 500 mg Amoxicillin Oral liquid 250 mg/5 ml, Amoxicillin dispersible tab 250 mg, Gentamycin inj 10 & 80 mg/ml, Ciprofloxacin Tablet 500 mg, Ciprofloxacin Oral liquid 250 mg/5 ml, Ciprofloxacin Inj., Tab Co-trimoxazole [Sulphamethoxazol 80 mg +Trimethoprim 400 mg] Tab	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			Co-trimoxazole [Sulphamethoxazole 100 mg + Trimethoprim 20 mg] Co-trimoxazole Oral liquid (Sulphamethoxazole 200 mg + Trimethoprim 40 mg/5 ml), Doxycycline 100 mg, Metronidazole 200 & 400 mg, Norfloxacin tab/oral			
		Availability of Anti leprosy	Clofazimine Capsule 50 mg Clofazimine Capsule 100 mg, Dapsone Tablet 25 mg, Dapsone Tablet 50 mg, Dapsone Tablet 100 mg	OB/RR		
		Availability of Anti Malarial	Chloroquine, Artesunate (A)+ Sulphadoxine-Pyrimethamine (B), Combipack (A+B) Primaquine Tablet 2.5 mg Primaquine Tablet 7.5 mg	OB/RR		
		Availability of anti Anaemic drug	Ferrous salt 100 mg + Folic acid 500 mcg Tablet Ferrous salt 20 mg + Folic acid 100 mcg Tablet, Ferrous salt 60 mg + Folic acid 500 mcg, Ferrous salt 45 mg + Folic acid 100 mcg, Ferrous salt+ Folic acid Syrup, Folic acid Tablet 5 mg and 400 mcg, Vit K inj 1 mg/ml	OB/RR		
		Availability of drugs for Palliative care	Lactulose oral liquid 10 g/15 ml, Povidone Iodine lotion and oint	OB/RR		
		Availability of Cardiovascular medicines	Isosorbide-5-mononitrate 5 mg tab, Isosorbide dinitrate 5 mg, Atenolol 50 mg, Metoprolol 25 mg, Metoprolol SR 25 mg	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Availability of drugs for Hypertension	Amlodipine Tablet 2.5 & 5 mg, Telmisartan Tablet 40 mg, Enalapril 5 mg, Hydrochlorothiazide 12.5 & 25 mg	OB/RR		
		Availability of drugs for Hypolipidemic	Atorvastatin Tablet 10 mg	OB/RR		
		Availability of Dermatological & antifungal Medicines	Clotrimazole Cream, Miconazole oint., tab fluconazole 150 mg, Silver sulphadiazine Cream 1%, Betamethasone cream 0.05%, Calamine Solution, Benzyl - benzoate oint/lot, Mupirocin, KMnO4 -0.1%, Zinc oxide cream 10%	OB/RR		
		Availability of Diuretics	Furosemide Inj & tab 40 mg	OB/RR		
		Availability of Drugs for dementia	Alprazolam Tab 0.25 & 0.5 mg	OB/RR		
		Availability of Eye drugs	Eye drops - Methyl cellulose, Sodium cromoglycate (2%)	OB/RR		
		Availability of ENT drugs	Ciprofloxacin drops 0.3%, Ciprofloxacin tab 250 & 500 mg, Boro-spirit ear drops, Ear wax solvent drops (combination of Benzocaime, Chlorbutol, Paradichlorobenzene and Turpentine oil)	OB/RR		
		Availability of Gastroinstinal medicines	Ranitidine Tablet 150 mg, Ranitidine inj, Omeprazole, Ondansetron tab, oral liquid and inj, Ispaghula granules/Husk/powder, Oral rehydration salts (ORS), Zinc Sulphate Syrup & tablet, Dicyclomine Tablet & Inj,	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			Dioctyl sulfo succinate Sodium, Magnesium Hydroxide liquid, Senna Powder, Domperidone Tab & Syrup			
		Availability of Contraceptives	Ethinylestradiol (A) + Levonorgestrel Tablet 0.03 mg (A) + 0.15 mg (B), Condom, IUCD 380 A Copper bearing intrauterine, Ormeloxifene Tab 30 mg, ECP (Levonorgestrel 1.5 mg), Medroxy progesterone Acetate injection	OB/RR		
		Availability of drugs for diabetes Mellitus	Metformin SR Tablet 500 mg, Metformin Tab 500 mg, Glimepiride Tab 2 mg, Glibenclamide Tab 2.5 & 5 mg	OB/RR		
		Availability of drugs for Thyroid	Levothyroxine Tablet 25, 50 & 100 mcg	OB/RR		
		Availability of Oxytocin and Antioxytocics	Misoprostol Tablet 200 mcg, Oxytocin Injection 5 IU/ml	OB/RR		AAM-SC Type B
		Availability of medicines for Respiratory tract	Salbutamol Tablet 2 mg Salbutamol Oral liquid 2 mg/5 ml Salbutamol Respira-tor solution for use in nebulizer 5 mg/ml, Budesonide Respira-tor solution for use in nebulizer 0. 5 mg/ml, Normal Saline drops, Dextromethor-phan oral syrup, Hyo-scinebutylbromide Tab 10 mg	OB/RR		
		Availability of IV Fluids	Ringer lactate Injection, Sodium chloride injection 0.9%, Dextrose 5% & 25%	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Availability of Vitamins and Minerals	Calcium Carbonate Tablet 500 mg, Vit C tab 100 mg, Cholecalciferol Tab 60,000 IU, Pyridoxine tab 25,50 & 100 mg, Vit A oral liquid 1,00,000 IU/ml, B complex tab	OB/RR		
		Availability of Antidotes	Activated Charcoal, Atropine 1 mg/ml	OB/RR		
		Availability of injectables	Anti-rabies vaccine, Inj. Tetanus Toxoid	OB/RR		
		Availability of Emergency Drug Tray/injectables at injection room	Inj. Adrenaline, Inj. Hydrocortisone, Inj. Dexamethasone, Glyceryl trinitrate-Sublingual tab 0.5 mg	OB		
		Availability of Anti septic	Hydrogen peroxide, Gentian violet, Povidone Iodine, Framycetin sulphate ointment	OB/RR		
		Availability of drugs for oral health	Clove oil, betadine & Chlor-hexadine, Gluconate mouth wash, Tannic acid astringent gum paint	OB/RR		
ME C4.2	The facility have adequate consumables as per requirement	Availability of Rapid Diagnostic Kits	Haemoglobin scale test with talquist paper, Urine Pregnancy rapid test, Rapid Kits for Malaria and Dengue, Urine Dip Stick for albumin and Sugar, Glucometer with glucosticks, Sputum Cups	OB/RR		
		Availability of disposables for Dressing/ Emergency management	Splints, Syringe (10 cc, 5 cc, 2 cc) and AD Syringe (0.5 ml and 0.1 ml) for injection, Suture with needle holder & artery forceps, Disposable gloves, Disposable Swabs, Disposable Lancets, Mackintosh Sheets	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compliance	Remarks
		Availability of disposables at Clinics	Mucus extractor, Wooden Spatula, Disposable Cord clamp, Disposable Sterile Urethral Catheter (12fr, 14fr), Foleys catheter, IV Cannula and Sets, Interdental Cleaning Aids, cold pack, cotton and envelopes for drug dispensing	OB/RR		
		Availability of Drugs and Consumables for VHNDs or camps	Vit A prophylaxis, Glucosticks, Syringes, Pregnancy kits, HIV Rapid Test and STI Screening Test kits, Kit for testing residual chlorine in Water. Vision screening care for 6/18 vision, measuring tape (6 m), reading module	OB/RR		
		Availability of drugs & consumables for home care kit	As per palliative care guidelines	OB/RR		
Standard C5	**Facility has adequate functional equipment and instruments for assured list of services**					
ME C5.1	The facility ensures availability of equipment and instruments for examination and monitoring of patients	Availability of functional Equipment & instruments for examination & Monitoring at Clinic	BP apparatus, Torch, stethoscope, peak flow meter and snelle's/near vision chart, Measuring tape, Thermometer, Foetoscope, Weighing machine, Infant weighing scale, Tongue depressor, Stadiometer, Dressing Trays, Dressing Drums, Surgical Scissors, Examination Lamp, Cheatle's forceps, Sponge Holder, Artery forceps	OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Availability of functional Equipment & instruments for ENT services	Nasal speculum, dressing/packing forceps, digital scope, tuning fork (512 HZ), App & headphone for app based audiometery, LED head lamp, ear speculum, Jobson Horne probe, Eustachian catheter	OB		
		Availability of functional Equipment & instruments for oral services	Dental explorer, mouth mirror, tweezer Intradental brush	OB		
		Availability of functional equipment & instruments for normal delivery services	Dressing Trays, Dressing Drums, Surgical Scissors, Examination Lamp, Forceps, Sims retractor/ speculum, Cusco's/ Graves speculum, Cheatle's forceps, Sponge Holder, Artery forceps, Cord clamp, cord Cutting scissors, Episiotomy scissor	OB		AAM-SC Type B
		Availability of Emergency functional equipment	Ambu bag with Mask, Suction Machine, Oxygen cylinder with Administrative equipment (Keys), Mouth Gag, Nebulizer. AED (Automated External Defibrillator)	OB		
ME C5.2	The facility have adequate furniture and fixture as per service provision	Availability of furniture & fixture at Clinics	Table, Doctor chair, Patient Stool, Examination table, Attendant Chair, Foot Step, Screen Separators with Stand, IV stand, Wall clock, refrigerator (For storage of drugs & vaccines)	OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
AREA OF CONCERN D: SUPPORT SERVICES						
Standard D1	The facility has established Programme for maintenance and upkeep of the facility					
ME D1.1	The facility has established system for infrastructure maintenance	AAM (SC) Building is painted/whitewashed in uniform colour & its branding done as per the guideline	Check building is white washed both from inside & outside	OB		
		Check building & its premises is well maintained	1. No seepage, cracks and chipping of plaster from wall, roof, windows etc. 2. No unwanted/outdated posters on walls of building & boundary walls 3. Proper landscaping and maintenance of Open Space/Gardens/water bodies etc (if available) 4. No leaking taps, pipes, over-flowing tanks and dysfunctional cisterns 5. No water logging/marsh inside the premises	OB		
		AAM (SC) has system for periodic maintenance of Building including patient amenities	1. Check records of building, patient amenities maintenance and schedules 2. Pest or rodent control measures are taken at least once in 6 months	SI/RR		
		No condemned/Junk material in AAM (SC) (corridors, roof, administrative area, backyard)	AAM (SC) remove its junk periodically as per condemnation policy	RR/OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compliance	Remarks
		There is system of timely corrective & preventive break down maintenance of the equipment	Check Staff is skilled to undertake the trouble shooting	SI/OB		
		All the measuring equipment/ instrument are calibrated	E.g. Weighing machine, BP apparatus, the status is re checked At least once in six months	RR/OB		
ME D1.2	The facility has established system for maintaining sanitation and hygiene	Check all the areas are clean & hygienic	1. Check that floors and walls for any visible or tangible dirt, grease, stains, etc. Check roof, walls, corners of these area for any cobweb, bird nest, vegetation, etc. 2. Surface of furniture and fixtures are clean and well maintained 3. No rusted or broken furniture 4. Schedule for cleaning is defined and implemented	OB		
		Check there is no foul smell in AAM	Check toilets are clean and there is no overflowing/clogged drains	OB		
		Check availability of adequate supply of cleaning material	1. Availability of mops, 2- buckets system, good quality cleaning solution preferably a ISI mark 2. Composition and concentration of solution is written on label etc. 3. Staff is aware of correct concentration and dilution method for preparing cleaning solution 4. Verify its consumption	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Check staff is aware of use of 2 bucket system & disinfection of mop after cleaning	One bucket for Cleaning solution, second for wringing the mop. Ask the cleaning staff about the process, Disinfection, washing & keeping mops for drying after every cleaning cycle	OB/SI		
		AAM (SC) has a system for safe disposal of general waste	No garbage piles in and around AAM. No signs of burning of waste in AAM	OB		
		Clean and adequate linen is available	Check Examination bed, table cloth etc are clean. There is system in place for washing of linen	OB/RR		
Standard D2	**The facility has defined procedures for storage, inventory management and dispensing of drugs**					
ME D2.1	There is established procedure for estimation and indenting of drugs and consumables as per requirement	AAM (SC) has a process to consolidate and calculate the consumption	Check forecasting of drugs & consumables is done scientifically based on consumption. Reorder & buffer levels are defined	SI/RR		
		Check Drugs and consumables forecasting and indenting is IT enabled	Linkage with state specific portal/ DVDMS	RR/SI		
		Check there is established system to timely indent the drugs as per services package	1. Timely indenting of the drugs for common ailments & emergency cases 2. Timely indenting of Drugs of new or regular chronic patients under AAM 3 Check the adequacy of the available drugs (Demand & supply)	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Check there is no stock out of essential & vital drugs	1. For AAM, campaigns and home based care 2. Check staff is aware of any stock out	RR/CI		
		Check drugs are categorised in Vital, Essential and Desirable	1. Check list of VED categorisation 2. Check updated stock registers of the last 6 months for vital & essential drugs	RR/SI		
ME D2.2	The facility ensures proper storage of drugs and consumables	There is specified place to store medicines in AAM	Drugs and consumables are stored away from water/dampness and sources of direct heat & sunlight etc.	OB		
		Check drugs are kept in racks and shelves with proper labelling	Drugs are not stored at floor, Heavy items are stored at lower shelves/racks and fragile items are not kept on the edges	OB		
		LASA (Look alike and Sound alike) are stored separately		OB		
		Check heat and light sensitive drugs are stored as per manufacturers instructions	1. Medications that are considered light-sensitive will be stored in closed drawers 2. Check process in place for storage of drugs, laboratory kits & vaccines etc requiring controlled temperature	OB/SI		
		Check process followed to maintain the temperature of refrigerator used for drugs/vaccine/lab kits	1. Temperature chart is maintained 2 De frosting is done (in case household freeze is used) 3 Staff is aware of holdover time of refrigerator 4 Freeze is not used for storing eatables	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME D2.3	The facility ensure management of expiry and near expired drugs	First expiry first out (FEFO) system is followed for drugs dispensing		OB		
		There is system in place to maintain expiry & near expiry of drugs	Check all near expiry drugs are shifted back to PHC/referral centre/facility where it is urgently required based on inventory turnover (that is - Fast, Slow or non-moving drugs)			
		No expired drug is found in AAM	In dispensing area as well as drug storage area	OB		
		There is an established process for discard the expired drugs	1. Staff is aware about how to discard expired drugs and are not stored in AAM (SC) 2. Check there is demarcated space/shelf to keep expired drugs away from main dispensing area	SI/OB		
Standard D3		**The facility has defined and established procedure for clinical records and data management with progressive use of digital technology**				
ME D3.1	Information regarding ambulatory care & management, public health and managerial functions are recorded and updated through IT platforms	Information regarding illness and minor ailments are recorded & updated using IT platform	1. Diagnosis, assessments, treatment plan, drugs prescribed, and follow up etc are recorded & updated for all cases by HSC 2. Randomly, select at least 5 cases (or all cases if less than 5) and check for details	RR/SI		
		Information regarding RMNCHA care seekers are recorded & updated using IT platform	1. Diagnosis, assessments, treatment plan, drugs prescribed, and follow up etc are recorded & updated for all cases by HSC/ referral centre	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			2. Randomly, select at least 5 cases (or all cases if less than 5) and check for details			
		Information regarding cases of communicable diseases are recorded & updated using IT platform	1. Diagnosis, assessments, treatment plan, drugs prescribed, and follow up etc are recorded & updated for all cases by HSC/ referral centre 2. Randomly, select at least 5 cases (or all cases if less than 5) and check for details	RR/SI		
		Information regarding cases of Non-communicable diseases are recorded & updated for each case using IT platform	1. Check family folder, CBAC form are filled and complete details are updated in portal 2. Diagnosis, assessments, treatment plan, drugs prescribed, and follow up etc are recorded & updated for all cases by HSC/ referral centre 3. Randomly, select at least 5 cases (or all cases if less than 5) and check for details	RR/SI		
		Check referral in & referral out records are maintained using IT platform	1. Referral out, Assessments, re-assessments, investigation, treatment plan and medicines dispensed 2. Referral in - status at time of discharge, treatment given, vital medicines dispensed, follow up, any adverse drug reaction reported, treatment plan to be followed	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			Give partial compliance if information is only available in paper			
		Functional platform/s and updated digital records to assess the coverage and measure outcomes of healthcare facility	Population enumeration, coverage, screening, referral & follow ups	RR/SI		
		Functional platform/s and updated digital records for work/task management	Work plan generation- daily, weekly & missed task, reminders to team for scheduling appointments, follow up of home visits and outreach activities, Special days etc.	RR/SI		
		Functional platform/s and updated digital records for reporting and monitoring of the performance of health care provider	Daily reporting of all the activities, IT support to generate performance matrix of Service Providers, calculating performance based incentive, Support for staff monitoring & maintenance of their credentials	RR/SI		
ME D3.2	The facility ensures safe storage, maintenance and retrieval of information & records of services	AAM (SC) has established procedure for safe keeping & retrieval of paper based records	1. Secure place to keep records and registers 2. Check records are easy to retrieve	OB/SI		
		AAM (SC) has established procedure for access & retrieval of electronic records	1. System clearly define who all are authorized to access the patient electronic information 2. Password/finger print protected Tablets	OB/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			3. Any restriction/ firewall to protect the individual's information from mis-use etc.			
		AAM (SC) has policy for retention period for different information & records	As per State policy	RR/SI		
ME D3.3	The facility has established procedure for providing consultation using tele medicine	Hubs are identified for tele consultation	Staff is aware of functional hubs & skilled to use the software	OB/RR		
		Cases are identified for tele consultation for specialist & non specialist consultation	1. Arrange consultation with PHC-MO or Specialist as per requirement 2. Check how many cases were consulted using tele medicine in preceding 3 months	SI/RR		
		Co ordination with specialist/ super specialist for tele consultation	As per roster - send the patient to PHC	SI/RR		
		Co ordination with patient & creating awareness about tele consultation services	1. Pre appointment, location for consultation 2. Check reminder/ SMS alerts are sent for appointments/ referral/follow up cases	SI/CI		
		Dispense drugs as per prescription received through tele consultation	As per e-prescription	RR		
Standard D4	The facility has defined and established procedures for the transparency and accountability					
ME D4.1	The facility has established procedure for management of activities of Jan Arogya Samiti	AAM (SC) has functional Jan Arogya Samiti	1. Check composition of committee as per JAS guidelines. Chairperson-Sarpanch, Co-Chairperson - MO-PHC and Member Sect.-CHO	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			2. At least 50% of representation of women 3. Check committee has representation of all habitation or communities esp. vulnerable			
		Committee members are aware of its roles & responsibilities	A. 1. Maintenance of AAM (SC) – cleanliness, hygiene, safe drinking water, clean toilet, BMW disposal & clear signage 2. Management of grievances 3. Ensure conduct of social audits & public hearing 4. Coordinate celebration of Annual health Calendar days 5. Effective implementation of community level programmes viz. VISHWAS, SABLA, Eat right campaign of FSSI, farmer groups, Self help groups, women groups, Milk unions etc. B. Check each member is aware of their powers and functions	CI/SI/RR		
		JAS meetings are held at defined intervals	1. Monthly 2. Minutes of meeting are recorded	RR		
		Check JAS supports AAM (SC) to mobilize resources/funds	Both monetary and non monetary from PRIs/CSR/ Govt. schemes and program/donation etc.	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compliance	Remarks
		Timely planning & utilization of untied funds	Timely submission of Utilization certificate as per state/NHM norms	RR/SI		
		Check JAS provide support for Health promotion & prevention activities	Organize camps, VHSNC meetings, multisectoral convergence, formation of PSGs etc.	SI/RR		
		Check JAS facilitate Public hearing or Jan Sunwais	Check when was last public hearing was undertaken. AAM undertake Jan sunwais bi annually	SI/RR		
ME D4.2	The facility has established procedures for community based monitoring of its services through social audits	Check social audits are done at periodic intervals	At least once in a year. Check when last social audit was undertaken	RR		
		Check JAS is aware of the issues issues emerged in Social Audits & public hearing	There is mechanism in place to improve the gaps identified/ recommendations given by social audits teams	RR/SI		
		Check JAS committee has prepared action plan along with AAM (SC)	Gaps closure plan is prepared & status is assessed atleast once in quarter or as per decided timeline	RR/SI		
		Check social audits are conducted before completion of Annual planning of the gram Panchayat	Check the issues emerging out of the Social Audit are integrated with the annual planning process of Gram Panchayat	RR		
ME D4.3	The facility has established procedure for supporting and monitoring activities of Community health workers	Check CHO conducts periodic meetings with MPW & ASHA	1. At least once in a month 2 Assess the progress on coverage of beneficiaries & any knowledge or skill gap 3 Identify common issues & problems faced by Frontline workers 4 Actions taken thereafter	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Check CHO provide on job mentoring & supervision household visits	1 Check CHO provide on job mentoring & support to frontline workers (ASHA/MPW) 2 Visiting households requiring additional support or motivation	SI/RR		
		Check CHO provide on job mentoring & supervision for VHSND or campaign etc.	1 Check CHO provide on job mentoring & support to frontline workers (ASHA/MPW) 2 Monitoring the quality of services using checklist 3 Check report is duly signed by both MPW & ASHA and a copy is shared with MO-PHC	CI/RR		
		Check PHC-MO provide supportive supervision & monitoring for AAM (SC) activities	1 Monthly review of service delivery & performance of AAM 2 Supportive supervision for AAM (SC) staff	RR/SI		
Standard D5		**The facility ensures health promotion and disease prevention activities through community mobilization**				
ME D5.1	The AAM (SC) fecilitate planning & implementation of health promotion and disease prevention activities through community level interventions	Check AAM (SC) is aware of community level approaches for health promotion and disease prevention	VHSNC, VHNDs, ASHA, AWW and Monthly campaign etc.	SI/CI		
		Check VHSNC are constituted & functional	1 Regular meetings are being conducted 2. Community based action plan for health is prepared 3. Provide support to frontline workers for health related activities	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Check VHSNC members are aware of their roles & responsibilities towards Ayushman Arogya Mandir	Check frontline workers part of VHSNC are able to explain - Support to develop village health action plan, Awareness generation for Health Promotion & disease prevention and support the community to raise their voice, need, experience & grievances to access health services or benefits	SI/CI		
		VHSNC actively involved in review of public services & programmes viz. ICDS, drinking water, sanitation, mid day meal including AAM etc	1. Check agenda points and minutes of meeting of preceding quarter 2. Check health & wellness activities are prioritized 3. Check the status of planned actions & activities proposed for or in co ordination with Ayushman Arogya Mandir	RR		
		Check number of VHSNC meetings attended by CHO in preceding quarter	At least 2 VHSNCs per month	RR		
		Check number of VHNDs planned & conducted in CHO's catering area in preceding quarter	1. Check the list of VHNDs planned & conducted 2. List of AWCs under AAM (SC) & name of the AWC where VHNDs conducted	RR/CI		
		Micro planning to conduct VHND is done by	1. Check advance communication regarding date & venue is given			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		AAM (SC) staff & frontline workers	2. Line listing of pregnant women requiring ANC, TB patients, infant or children requiring immunization, left or drop out children & malnourished 3. Check estimation about number of people expected to attend VHND are calculated in advance 4. Check the coverage against estimation	RR/CI		
		Check functional equipment, instrument and adequate consumables are available to conduct VHND	As per service provision	SI/OB		
		Check the health promotion & disease presentation activities are performed during VHNDs	1. Awareness generation for various Health program 2. Need based counselling & interventions 3. Check the list of topics covered during VHNDs in preceding quarter	CI/SI/RR		
		Check primary healthcare team perform advocacy with community influencers for giving key messages for health promotion	Viz. Benefits of immunization, family planning, ANCs, regular check-up and Yoga for NCDs etc.	CI/SI		
		Check the health promotion & disease prevention activities are performed by ASHA	1. Identify the individual with health risk 2. Community mobilization for screening	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			3. Holding or Support village meetings or campaigns for awareness generation & life style modification			
			4. Support treatment compliance for pregnant women, new born, NCDs & acute of chronic conditions as per service provision			
			5. Check number of new individuals identified with health risk & mobilized for screening in preceding quarter			
			6. Check number of individuals supported treatment compliance in preceding quarter			
		Check the process followed to identify key challenges and list of priorities for monthly campaigns	1. Based on Population enumeration, village health register, CBAC, ASHA diary, VHSNC records, RCH registers etc 2. Based on social resource map - it identifies location & vulnerable section	SI/RR		
		Check annual calendar is prepared for monthly campaigns based on situational analysis	1. Check advance plan is available with AAM 2. At least 30 disease/ national health program specific awareness or health promotion campaigns are organized per year. Viz. WASH,	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			Eat right/eat safe, Nutrition screening, deaddiction & substance abuse, Indoor and outdoor pollution, Case detection for NCD & CD, childhood illness diarrhoea & pneumonia, prevention of childhood marriage, GBV etc			
		Check health promotion campaigns are conducted as per planning	Check number of health promotion campaigns conducted out of planned in preceding quarter	RR		
		Check the involvement of AAM (SC) in planning & facilitate monthly campaign activities	1. Prepared draft campaign plan & define responsibilities of primary care team 2. Conduct meeting of AAM (SC) team & other stakeholders i.e. panchayat, ICDS etc. 3. Gather/Prepared IEC or IPC material required 4. Engage community volunteers, support & supervise them	RR/SI		
		There is a system of taking feedback from ASHAs/VHNSCs/VHNDs to improve the services	By Medical Officer, Ask the example where actions are taken based on feedback.	SI/RR		
ME D5.2	The facility has Patient Support Groups (PSG) as per the issues/diseases in its catering population	AAM (SC) have created Patient support groups for various issues/disease conditions	For ensuring treatment compliance, reduce stigma, increase acceptance toward disease, reduce stress & anxiety & increase self understanding	CI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Check the process followed to create PSGs	Based on issues/diseases with high prevalence in area using data & information collected	SI/RR		
		Check staff is aware of guiding principles to be followed to constitute PSGs	1. Identify the potential member & encourage them to join by explaining them the advantages of joining 2. Friends, relatives, frontline workers and patients suffering from same disease conditions 3. PSGs meetings should be open to all community members	SI/CI		
		Check members of PSGs aware of their roles	1. Sharing the knowledge & experience with other 2 Work together to solve the problems 3. Helping health functionaries in health promotion (as convenient)	SI/CI		
		Check the frequency, location & timing of PSG meetings facilitated by AAM	No. of planned PSGs & how many actually conducted: 1. Flexible location, in house of group member, arranged after VHNSC/VHNDs, SHC, AWW - preferable near to marginalized or distant hamlets 2. Time - mutually convenient	RR/CI		
		Primary health care team/worker is aware of their role in conducting PSGs	1. Encourage participants to sit together 2. Summarize the learnings from meeting	SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			3. Listening & respecting the opinion of members 4. Inform group about content, date, time & place for next meeting			
ME D5.3	The facility ensure multisectoral convergence for health promotion and primary prevention	AAM (SC) engage other allied departments for intersectoral convergence	1. Education, WCD, ICDS, rural development/ municipal bodies, FSSAI & ICDS etc. 2. Check VHSNC provided platform for multisectoral convergence	RR/SI		
		AAM (SC) support & felicitate promotion activities with their convergence departments	Community level education, malnutrition, sanitation drives, promotion of healthy behaviour, sanitation drives etc.	SI/RR		
		Check Ayushman ambassador are identified	1. In schools in AAM-SHC coverage area 2. Ayushman Ambassador - 1 Male & 1 female teacher - provide age appropriate learning for promotion of healthy behaviour	SI/RR		
		AAM (SC) organizes training sessions & competitions for school children	With support of Ayushman ambassadors	SI/RR		
		AAM (SC) promotes wellness & health promotion through Yoga	1. Identify pool of local yoga instructors 2. Prepare & disseminate weekly/monthly schedule of classes for community yoga trainings	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
Standards D6	**The facility is compliant with statutory and regulatory requirement**					
ME D6.1	The facility ensures its processes are in compliance with statutory and legal requirement	Authorization for Bio-Medical waste Management	Prior approval from Pollution Control Board (if AAM (SC) is using deep burial pit)	RR		
		No Smoking sign is displayed at the prominent places	Both inside & outside the building	OB		
		Any positive report of notifiable disease is intimated to designated authorities		RR/SI		
		Updated copies of relevant laws, regulations and Govt orders are available	BMW rules, fire safety, electrical installations and any other as per state mandate	RR		
AREA OF CONCERN E: WELLNESS & CLINICAL SERVICES						
Standard E1	**The facility has defined procedures for registration, consultation, clinical assessment and reassessment of the patients**					
ME E1.1	The facility has established procedure for empanelment & registration of individual and families	AAM (SC) is aware of constitution of its catering population	1. There is established procedure to collect the demographic composition 2. No. of individuals of different age groups	RR/SI		
		AAM (SC) periodically estimates & updates number of beneficiaries for RMNCHA services	Check - no. of pregnant women, no. of life births, pregnant mother with complications, eligible couple, sick new born are estimated	RR/SI		
		AAM (SC) periodically estimates & updates number of beneficiaries for NCDs	Population above 30 yrs, break up of men & women above 30 yrs.	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		AAM (SC) periodically estimates & updates number of beneficiaries for CDs	As per incidence rates/prevalence rates	RR/SI		
		All individuals and families are empanelled under AAM (SC)	1. Check family folders are maintained for entire registered population in facility's coverage area. 2. Check data base is updated regularly for new entrants and exits (annually) & their illness	RR/SI		
ME E1.2	The facility has established procedure for registration & consultation in AAM	Unique identification number is given to each patient	Check Unique health ID is given to all individuals and families	RR/CI		
		Patient demographic details are recorded in OPD register/portal	Check all the patients visiting AAM (SC) are registered & their demographic details like Name, age, Sex and Address etc are maintained	RR/SI		
		The facility has established procedure for OPD consultation	Chief Complaint, Patient History, Physical examination, requisite diagnostics, provisional diagnosis, primary management & referral (if required)	RR/SI		
		Facility has system to undertake opinion/ consultation from higher centre	Through tele health/ tele consultation with MO PHC/ identified hubs/ clinical decision making - IT tool	RR/SI		
		All the empanelled individuals are screened	Through fix day/ routine OPD consultation	RR/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME E1.3	The facility has established procedure for follow up/re-assessment of patients	Facilities provide follow up/re assessment for cases under RMNCHA	Reassessment/ follow up as per schedule for all cases including critical/ high risk patients. Follow up includes - Treatment compliance, review of parameters, monitoring of side effect, adherence to life style modification, timely detection of complication and continuity and adequacy of treatment	CI/RR		
		Facilities provide follow up/re assessment for cases under Communicable diseases	Reassessment/ follow up as per schedule for all cases including critical/ high risk patients Follow up includes - Treatment compliance, review of parameters, monitoring of side effect, adherence to life style modification and timely detection of complication and continuity and adequacy of treatment	CI/RR		
		Facilities provide follow up/re assessment for cases under non communicable diseases	Reassessment/ follow up as per schedule for all cases including critical/ high risk patients Follow up includes - Treatment compliance, review of parameters, monitoring of side effect, adherence to life style modification and timely detection of complication and continuity and adequacy of treatment	CI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Facilities provide follow up/re assessment for other clinical conditions	1. Eye, ENT, oral, elderly & palliative, mental health etc. 2. Give full compliance if any services is not given as per service mandate Follow up includes - Treatment compliance, monitoring of side effect, adherence to life style modification and timely detection of complication and continuity and adequacy of treatment	CI/RR		
Standard E2		**The facility has defined and established procedures for continuity of care through two way referral**				
ME E2.1	The facility has established procedure for continuity of care	Facility ensures continuity of care at community/ household level	CHW ensures home visit, counselling/ supportive activities for risk factor modification, provide reminder for follow up at AAM (SC) & collection of drugs. Linkage with MMU/ RBSK mobile unit	CI/RR		
		Continuity of care is ensured at Ayushman Arogya Mandir	Dispensing of medicines, repeat diagnostic as required/as per treatment plan, identification of complication, facilitating referrals, organizing tele consultations, maintenance of records	SI/RR		
		Continuity of care is ensured at referral Centre/higher centre	Examination, development/ modification of treatment plan, instruction for patient, note to CHO by MO/Specialist	RR/SI/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME E2.2	The facility has established procedure for undertaking referred in & referred out of the cases	Facility has defined protocols for referral out	Early case detection, primary management/ stabilisation, Complete details of case records/care provided - use of referral slip	RR/SI		
		Check availability of separate colour coded referral slip	for easy identification in referral centre	OB/SI		
		Facility has defined protocols for referral in	Check records for treatment plan, periodic assessment, medicine refill and referred to further higher centre (if required)/regular follow up at referring centre	RR/SI		
		Facility has referral procedure in place to ensure continuity of care	1. Referral slip, referral in or out register/ portal, Advance communication, prior appointment with specialist, referral vehicle (if required) & follow up 2. IT system to track upward & downward referrals to ensure the continuity of care	RR/SI		
Standard E3	**The facility has defined and established procedures of diagnostic services**					
ME E3.1	The facility has established procedure for laboratory diagnosis as per guidelines	Point of care diagnostics services are available as per mandate	Check staff is aware of Quality Control method for various tests (RDKs)	SI/RR		
		Central hub/ diagnostic units are identified & linkage is established for tests not done at AAM	For Both laboratory/ other diagnostic test. Check how much patient has to travel for getting diagnostic services	CI/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		AAM (SC) has system for timely reporting, retaining & prompt retrieval of diagnostic result	1. Check IT system is used for reporting of diagnostic results from PHC/ referral centre or identified hub results	RR		
			2. Biological reference intervals for laboratory tests are available in AAM			
		Check there is no irrational prescription of Diagnostic test	Check OPD ticket for any irrational prescription of Lab test/USG/X ray etc	RR/SI		
Standard E4	**The facility has defined procedures for safe drug administration**					
ME E4.1	Facility follows protocols for safe drug administration	Medication orders are written legibly and updated	1. Every medical advice is accompanied with date, time and signature. Check orders/ instructions are comprehendible	RR/SI		
			2. Ask the staff what protocols are followed in case orders/instructions are not legible due to use of abbreviations, handwriting etc.			
		There is procedure to check the drugs before administration and dispensing	1. Drugs are checked for expiry and other inconsistency before administration, single dose vial/ ampule are not used for more than one dose & separate sterile needle is used every time	OB/SI		
			2. Check prescription from referral centre is verified every time before dispensing of the drugs from AAM/in home visits			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Patients are counselled for self drug administration	1. Medication calendars/ schedules, specify the time to take medications, medicine related information sheets, specific packaging's such as pill boxes/envelope, indicating the time/frequency of dose. 2. Check patient is aware of 5 moments of medication safety	CI/SI		
ME E4.2	There is process for identifying and cautious administration of high alert drugs	Check high alerts drugs are identified & its maximum dose are defined	High alert drugs such as Nonsteroidal anti-inflammatory, anti convulsant/ antiepileptics, Hypertensive, oral hypoglycaemic etc.	SI/RR		
		Check staff is aware of right dose of high alert drugs	Value of maximum dose as per age, weight and diagnosis is available with CHO	SI/RR		
		Check staff follows 6 rules of drug administration	1. Right patient, right drug, right route, right time, right dose & right documentation. 2. Check system in place to verify the verbal orders given by MO	SI/RR		
		Check with staff if any untoward drug events has ever occurred		SI/RR		
		Check any untoward/ adverse drug events are recorded and reported	Minimum Information for Patient Safety Model (MIMPS) for medication safety is followed & used for reporting & subsequent actions planning	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
Standard E5	The facility follows standard treatment guidelines and ensures rational use of drugs					
ME E5.1	There is procedure of rational use of drugs	Check staff is aware of rational use of drugs	1. Check the cases in which CHO has prescribed medicines/ antibiotics. 2. Check if the drugs are either prescribed more than required dose/quantity or on more occasion than necessary. 3. Check high end or more than one antibiotics are prescribed . Give non compliance if any of the above (point 2 or 3) is yes.	RR		
		Check STG/ clinical algorithm is followed	Check availability of STG/clinical algorithm/Clinical decision making tool (IT based), staff is aware of drug regime and doses	RR/SI		
		Check medication review is scheduled for regular chronic cases	Atleast once in a year with PHC MO/ Physician of referral facility	RR/CI		
		Check drugs are prescribed with generic name	Check OPD ticket if drugs are prescribed under generic name only (specially drugs written by CHO for minor aliments)	RR		
		Check AAM (SC) has antibiotic policy	Check staff is aware of antibiotic policy	RR/SI		
ME E5.2	Facility has system in place to periodically monitor the treatment provided by CHO	Treatment provided by CHO is monitored regularly	Well defined and standardized format is used to assess the quality and accuracy of treatment provided.	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			Valid sample is taken & frequency of monitoring process is defined and followed			
		Check monitoring is done by qualified personnel	Preferably MO of Mother PHC/referral site	SI/RR		
		Check medication orders/ procedure is written legibly & comprehendible	Check medical advise is accompanied with date, time & signature	RR		
		Action taken on non compliances	1. Non compliances (viz over prescription, irrational use of antibiotics, drugs, vitamins, vaccines, diagnostics etc) are enumerated 2. Action plan is prepared & Primary health care team is hand holded & guided for improvement	RR/SI		
Standard E6	**The facility has defined and established procedures for nursing care**					
ME E6.1	There is established procedure for identification & periodic monitoring of the patients	There is process for ensuring the identification of patient before any procedure	Both in AAM (SC) & home based care investigations, refill the medicines, performing minor procedure, administrating vaccine etc.	SI/OB		
		There is process in place to identify non compliant patient in chronic disease	Patients who are not oftenly following their treatment plan or taking the medicines as recommended	SI/RR		
		Patient's vital are monitored and recorded periodically in follow up	1. Chronic cases/ critical patient referred from higher centre/ Home based care patient/bed ridden/elderly cases			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			2. Check Patient vital like BP, weight, TPR, Blood sugar etc are maintained as per disease conditions	RR/SI		
ME E6.2	Prescribed treatment plan and procedure performed are recorded in patient's record	Prescribed Treatment plan and procedure performed are written in case sheet/OPD ticket/Portal	Treatment plan followed and medication administered are documented	RR		
		Day to day progress of patient is recorded where ever required/ critical/chronic cases	Progress is monitored & documented as per schedule prescribed	RR		
ME E6.3	Adequate forms, formats and records are available as per services mandate	Standard forms & formats are available	AAM, home based care/home visits, patient self management OPD slip, family folders, referral slips, Disease specific forms & formats (any hard/ soft copy)	RR/OB		
		Updated Registers & records are available	Registers & records are maintained as per guidelines/range of services provided by AAM (SC)	RR		
		All the register/ records are identified and numbered	Check the master list & unique identification number is followed to identify records	OB/RR		
Standard E7	The facility has defined and established procedures for Emergency care					
ME E 7.1	Emergency protocols are defined and implemented	Emergency protocols for first aid and stabilization are available	Protocols for snake bite, poisoning, drowning, trauma, burn, fits, cardiac or respiratory arrest, haemorrhoids, rectal prolapse, hernia, hydrocele, appendicitis etc.	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Staff is aware of procedure for CPR	Check staff is aware of steps of BLS and also ask about how to recognize the signs for sudden cardiac arrest (SCA), heart attack, stroke, and foreign-body airway obstruction (FBAO)	SI/RR		
		Staff is aware of protocols to manage suspected Medico legal cases	As per state guidelines or: 1. Primary management & referral	SI/RR		
			2. Staff is aware of procedure for preservation & sealing of samples of suspected MLC cases viz. aspiration, vomitus etc. 3. Samples are sealed and dispatched along with patient (Samples are taken by responsible HCW & handed it over to responsible personnel at referral centre) 4. Separate records are generated for suspected MLC cases			
		AAM (SC) ensures timely availability of ambulances services for emergency cases	1. Check how ambulances are called & patient is shifted 2. Transfer register is maintained to record the details of the referred patient	RR/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME E 7.2	The facility has disaster management plan in place	Emergency care is given in case of disaster	Staff is aware of district disaster management team, staff is aware of their roles, basic emergency management kit is available	SI/OB		
		Staff is aware of process of sorting the patients in case of mass casualty/ outbreak	Staff is aware of triage protocols in case of referral required	SI/RR		
Standard E8		**The facility has defined & established procedures for management of ophthalmic, ENT and Oral ailments as per operational/clinical guidelines**				
ME E8.1	The facility provides services for Ophthalmic ailments including blindness and refractive errors as per guidelines	Staff screen & refer cases of common ophthalmic ailments lead to blindness & refractive errors	Ask staff about common ophthalmic ailments & their cardinal signs & symptoms **Cataract:** Clouded/ blurred or difficulty with vision at night, sensitivity to light and glare, need for brighter light for reading, seeing "halos" around lights, frequent changes in eyeglass, fading or yellowing of colours mostly age related **Presbyopia:** Having eyestrain or headaches/fatigue after reading/doing close work **Glaucoma:** Severe eye pain, reddening of the eye Sudden onset of visual disturbance - in low light. **Corneal Disease:** Visual impairment, blurred or cloudy	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			vision, severe pain in the eye, tearing, and sensitivity to light			
		Staff is aware of identification & primary management common ophthalmic conditions including emergencies	Ask staff about common ophthalmic ailments & their cardinal signs & symptoms & its primary management **Conjunctivitis:** Redness, itching and watery discharge from eyes and crusting around eyes			
			Trachoma: Usually affect both eyes and may include: Mild itching and irritation of the eyes and eyelids, discharge from the eyes, eyelid swelling, light sensitivity (photophobia) **Xeropthalmia:** Conjunctiva dries out, thickens and begins to wrinkle, inability to see in dim light, progress lesions from cornea and deposits of tissue are called Bitot's spots Redness in eyes, removal of foreign body & allergic reactions, eye injury and acid/alkaline/chemical exposure etc **Management:** Symptomatic treatment, counselling for eye care and referral if required	RR/OB/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compliance	Remarks
		Staff is aware of methods for measuring the refractive errors	Visual acuity by using Snell's chart, near vision card. ASHA/MPW is skilled assess to use vision screening chart	SI/RR		
		Staff maintain records under ophthalmic care	Blindness & visual impairment register, records of vit A prophylaxis, listing of eye disorders, Surveillance records of TT/TI cases as per NPCB&VI	RR/SI		
		Promotion & supportive activities for ophthalmic care	Awareness about contagious eye disease, personal hygiene, cleanliness of environment to prevent the spread of trachoma, do's & do not's for eye care during eye infection, life style modification, avoid myths & mis conceptions, mobilize children for vit A prophylaxis, distribution of spectacles, follow up of referral, post operative and cases required long term medications. Motivation for eye donation	CI/RR		
ME E8.2	The facility provides services for ENT ailments as per guidelines	Screening of population for ENT ailments	1. Community based new born screening till 6 weeks of age - through home visit/immunization, Children - 6 week - 18 yrs. - Screening through RBSK, Adults & elderly - through whisper test 2. Check opportunistic & planned screening	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			form is used for early identification			
		Identification & primary management of common ear problems	Ask staff about common ear ailments for cardinal signs & symptoms & its primary management	SI/RR		
			Acute suppurative Otitis media: Irritability, ear pain, neck pain, fullness in ear, lack of balance			
			Otitis Externa: Ear pain, itching & irritation in & around ear, ear discharge			
			Otomycosis: Fullness, redness of outer ear, itching, pain			
			Ear Discharge: Otoscopy. Identification of discharge: any fluid leaking out is ear wax. A ruptured eardrum can cause a white, slightly bloody or yellow discharge from the ear. Dry crusted material on a child's pillow is often a sign of a ruptured eardrum			
			Ear Wax removal: By Syringing/ instrumentation, foreign body removal			
			Treatment: Symptomatic treatment - analgesics & ear drops & warm compression where ever required			
		Staff is trained & using diagnostic tools for identification of ear problems	Check CHO is trained and using otoscopy for ear discharge, Hearing test: whisper/App based audiometry	RR/OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Identification & management of nose problem	1. Ask staff about common nose ailments & their cardinal signs & symptoms & its primary management	RR/OB		
			2. Common cold, blocked nose, injury, sinusitis, rhinitis, epistaxis and foreign body in anterior part of nasal cavity			
			Treatment: Symptomatic treatment, nasal packing in case of nasal bleed, Analgesic, Nasal drops/spray, Antibiotic may be deferred in children-two years or older with mild symptoms. Refer the patient if persist for more than 5 days			
		Staff is trained & using diagnostic tools for identification of Nose ailments	**Patency test:** Check the patency of each naris by standing directly in front of the patient and occluding the patient's left naris with the index finger of your right hand. Ask the patient to breathe normally through the right naris. Repeat by occluding the patient's right naris with the index finger of your left hand and ask the patient to breathe through the left naris. Normally the patient will be able to exhale through the unoccluded naris.			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			Nasal obstruction is present if the patient is unable to exhale through the nares	SI/OB		
			Cotton wisp: Fluff of cotton is held against each nostrils & its movements are noticed when patient inhale & exhale			
		Identification & primary management of throat ailments	1. Ask staff about common throat ailments & their cardinal signs & symptoms & its primary management	SI/RR		
			2. Injury, pharyngitis, laryngitis, URI, tonsillitis			
			Treatment: Symptomatic treatment: Analgesic, antibiotic, Refer the patient if persist for more than 5 days			
		Check staff is trained & able to perform Heimlich manoeuvre/ dislodge obstruction from windpipe	First aid for dislodging an obstruction from a person's windpipe. Sudden strong pressure applied on their abdomen between naval & ribcage	SI/RR		
		Staff is trained to identify ENT ailments require referral to higher centre	Thyroid swelling, discharge from ear, hearing impairment & deafness, blocked nose, hoarseness & dysphagia	SI/RR		
		Promotion & supportive activities for ENT	1. Educating community about healthy ENT habits, awareness protection against excessive noise, safe listening &	CI/SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			improving acoustic environment 2. Teach for early care seeking behaviour for allergies & common ENT problems teach how to instil nasal/ear/eye drops, teach how to pinch nose in case of epistaxis, perform Heimlich manoeuvre etc 3. Follow up for treatment compliance 4. Identifying cases requiring surgery, hearing aid fitting or rehabilitative therapy			
ME E8.3	The facility provides service for oral health ailments	Staff is aware about Oral health conditions, primary management & referral	Ask staff about common oral ailments & their cardinal signs & symptoms & its primary management **Tooth decay:** Discoloration/hole, sensitivity, pain, swelling/pus **Gum Diseases:** Foul smell, bleeding, loose teeth, swollen gums **Dental fluorosis:** White/Yellow/brown discoloured patches on teeth **Treatment:** After symptomatic relief at AAM (SC) refer to	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			dentist at CHC/DH			
			Malocclusion: Reverse bites, protruding/ forwardly placed teeth spacing between teeth			
			Treatment: Cessation of habits such as thumb sucking, mouth breathing. Refer to dentist at DH			
			Cleft lip/palate: Split lip/gap in palate, inability to feed the baby. Refer to dentist at DH			
			Oral Cancer: White/ red patch, non healing ulcer, reduced mouth opening, change in voice, lump in neck. burning sensation, inability to eat spicy food. Use of CBAC form is filled and case is referred at appropriate level			
		Staff is aware of symptomatic treatment for dental emergencies	Ask staff about common dental emergencies & its primary management	SI/RR		
			Pain, swelling/ abscess, tooth injury, non healing ulcer, uncontrolled bleeding from gums, extraction site			
			Treatment: Symptomatic relief at AAM (SC) & refer to dentist at CHC/DH			
		Screening of oral health conditions is done as per protocol	1. Filling of CBAC form (more than 30 yrs - Check records screening is not limited up	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			to oral cancers it should include screening of other dental conditions as well 2. Check linkage with RBSK (0-18 yrs.) 3. Rest 18-29 yrs. - under opportunistic screening			
		Promotion & supportive activities for oral health	Oral health education & dietary advise for: (a) Oral hygiene (b) Tobacco cessation	CI/SI		
Standard E9	**The facility has defined & established procedure for screening & basic management of Mental Health ailments as per Operational/clinical guidelines**					
ME E9.1	The facility provides services under mental health Program as per guidelines	Check staff is aware of MNS (Mental, neurological & substance use) conditions	**Common Mental Disorders (CMDs):** Depression, Anxiety/ panic disorders, psychosomatic disorders **Severe Mental Disorder (SMDs):** Schizophrenia, Bipolar disorder, severe depression **Child & Adolescent Mental Health disorder (C&AMHD):** Conduct disorder, Attention Deficit Hyperactive Disorder (ADHD), oppositional defiant disorder **Epilepsy & dementia (Alzheimer's disease) Substance use disorder (SUD):** Tobacco, alcohol & drug use disorder	SI/RR		
		Check Staff uses specific tools for early identification & screening of MNS	1. Check Community informant detection tool (CIDT) is used for identification by ASHA/MPW/CHW. 2. Standard			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			screening tools are used by CHO viz: Screening tool for dementia, Screening tools for Epilepsy, patient health Questionnaire (PHQ-9) for depression, suicide risk assessment & Alcohol use disorder identification test (AUDIT) for alcohol disorders. Check staff is trained to use these tools 3. Check number cases screened & identified	SI/RR		
		Staff is competent for basic management, referral & follow up of MNS	Awareness & use of techniques for psychosocial intervention: 1. Psychoeducation, psychological first aid, relation techniques (breathing exercise), basic suicide. management, basic counselling (problem solving & behaviour activation), community based rehabilitation, first aid for overdose/ intoxication etc. 2. Dispensing of medicines as per prescription. 3. Review & counsel periodically Home/ community/AAM.. 4. Provide adherence support for treatment	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			5. Side effects and toxicities for prescribed medications			
		Check staff is trained for emergency management of Epilepsy	Administer either intranasal or intramuscular Midazolam. Stabilize & refer	SI/RR		
		Promotion & supportive activities for mental health	1. Awareness about improving mental health literacy, understanding of common symptoms, reduction in social stigma, technique of self care, community based rehabilitation, Life style modification etc. 2. Awareness & advocacy about society problems that act as risk for mental health conditions viz. gender based violence, abuse, suicide ideation & substance dependence	CI/SI		
Standard E10		**The facility has defined & established procedures for management of communicable diseases as per Operational/Clinical guidelines**				
ME E10.1	The facility provides services under National vector Borne disease control programme as per guidelines	Primary care team is aware of vector born disease control strategies	Source reduction, personal protection, environment management, Biological control (Larvivorus fish) & chemical control (larvicide/Adulticide). Staff is involved in intersectoral convergence with other departments like DODWS (Department of Drinking Water and Sanitation under	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compliance	Remarks
			Ministry of Jal Shakti, MOHUA (Ministry of Housing and Urban Affairs), Municipalities etc) & carry out weekly cleanliness drive in village through VHSNC			
		Case detection is done for Malaria	1. Fortnightly home visit & testing people with current/recent fever & chills in past 14 days using RDT 2. Malaria detection in cases presenting with fever at AAM (SC) 3. Detection by using RDT/Microscopy. (Microscopy - result should be made available within 24 hrs) 4. Negative RDT cases strongly suspected of malaria cross checked by microscopy 5. Check AAM (SC) is aware of confirmed malaria cases in its catchment area	RR/SI		
		Staff is aware of Malaria treatment protocols	1. Treatment should be started within 24 hrs of detection 2. P. Vivax - Chloroquine/3 days and Primaquine/14 days. (Contraindicated in pregnant female or infant or G6PD deficiency/ P-falciparum-ACT 3. Algorithm for treatment & diagnosis is available	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Staff is aware of Malaria referral protocols	Persistence of fever even after 48 hrs of treatment, continuous vomiting, headache, dehydration, change in sensorium, convulsions, bleeding & clotting disorders, severe anaemia, Jaundice & hypothermia	SI/RR		
		Staff is aware of diagnostic & management of dengue as per protocols	1. Diagnostic - RDK and in Dengue Bed rest, cold sponging & symptomatic treatment. 2. Check AAM (SC) is aware of dengue cases in its catchment area	SI/RR		
		NVBDCP register & records are maintained	Check register is maintained & updated, reporting in form M 1 (ASHA/SC), M2 (if using slides), M4-fortnight complied report of malaria surveillance submitted by SC	RR/SI		
		Facilities have adequate stock of commodities & drugs	RDT kits, clean slides, needles, swabs, ACT, CQ, PQ etc. Check how kits have been stored & near expiry drugs are not available	RR/SI		
		Staff is aware of sign & symptoms of prevalent vector born diseases in area	Chikungunya, KA, JE, LF etc. Any of the cases in their catchment area	SI		
ME E10.2	The facility provides services under Revised National Tuberculosis	Identification of presumptive case & their referral	Refer all presumptive cases to designated Microscopy centre. Sputum collection and transport of	RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
	Elimination Programme (NTEP)		sputum of samples is supported in hard/difficult areas			
		AAM (SC) support, supervision & manage presumptive, confirmed & on treatment cases including DR-TB patients	1. Provision of DOTS at Sub-centre, proper documentation and follow-up, home based support, regular screening of cases for common adverse effects, ensure compliance & completeness of course 2. Check AAM (SC) is aware of presumptive, confirmed & on treatment cases in its catchment area	OB/RR		
		Staff is aware of follow up protocol after treatment completion	6, 12, 18, 24 month follow up after treatment completion	SI/RR		
		NTEP register & records are maintained	Referral slip, Patients treatment card (if CHW is supporting treatment), TB notification register	RR		
ME E10.3	The facility provides services under National Leprosy Eradication Program as per guidelines	Primary healthcare team identify and ensure referral of suspected cases of Leprosy	1. Pale & reddish patches on the skin, skin thickness, shiny & reddish, numbness & tingling, painful tender nerves, weakness of hands, feet or eyelid, swelling & lumps in the face & ear lobes impaired sensation 2. Sensory testing for screening: touching the tip of pen on patch to feel sensation	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			2 times (once with open eyes & 2nd with closed eyes) 3. Referral of suspected cases to higher centre. First dose initiated at higher centre			
		Check the availability/delivery of subsequent doses of MDT and follow up of persons under treatment	Ensure delivery/availability of 2nd dose onward drugs, pulse dose to be given in presence of ANM/MPW, completion of treatment, identification of signs of neuritis, reactions etc for treatment cases. Referral in case MCR footwear if required/referral for complications	RR		
		NLEP register & records are maintained	Maintain & update case card (ULF01), Update the treatment registered when visiting the PHC	RR		
		Facility provide awareness about leprosy & availability of its treatment	Health education to community regarding signs and symptoms of leprosy, its complications, curability & availability of free of cost treatment, self-care & encourage the patient to bring his/her contacts to check-up	CI/SI		
ME E10.4	The facility provides services under National AIDS Control Program as per	AAM-HSC is aware of their roles in NACP	Identification & referral of suspected cases, Condom Promotion & distribution among high risk groups &	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
	guidelines		help HIV cases for receiving & adhering to ART			
			HIV/STI Counselling, Screening (consent) and referral in Type B Sub-centres in high prevalence districts			
		AAM-SC has linkage for management of HIV/AIDS complications	Linkage with Microscopy centre for HIV-TB, for PPTCT services	RR		
		Staff is aware of promotional & supportive activities done under NACP	IEC for STI, HIV/AIDS Awareness generation, identification of peer support groups for HRG-PLHIV, encourage for index testing, support in treatment adherence, arrangement for counselling/ psycho therapies, community follow up to support HIV pregnant women	RR/SI		
ME E10.5	The facility provides services under Integrate Disease surveillance as per guidelines	Staff is aware of syndrome under surveillance in IDSP	Fever and Cough less than 2 weeks duration, acute flaccid paralysis more than 15 yrs. of age, diarrhoea (3 or more loose stool/day) and Jaundice. Raise the signal for action in case of any unusual health event/death	SI/RR		
		Check process to collect information in form S	1. Information is collected from home visit (for above described syndrome) & from SC-OPD	RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			2. Collation of data in register for Syndromic Surveillance			
		Check Analysis & reporting of information for syndromic surveillance is done	1. Preliminary analysis & reporting of collected data to MO-PHC on every Monday	RR/SI		
			2. Check any action has been undertaken using IDSP data			
ME E10.6	The facilities provide services for National Viral Hepatitis Control Programme (NVHCP)	Availability of diagnostic & treatment services	RDT for Hep B & Hep C & referral for confirmation & further management	RR		
		Staff is aware of preventive measures for NVHCP	Awareness generation & behaviour change communication, immunization for Hep B (Birth dose, high risk group & healthcare worker), injection safety & safe drinking water & sanitation	SI/OB		
Standard E11	The facility has defined & established procedures for management of non-communicable diseases as per operational/clinical guidelines					
ME E11.1	The facility provides services for hypertension as per guidelines	Staff is aware of process of population identification and referral for hypertension	1. Population enumeration - filling of CBAC form for all above 30 yrs of age-Screening at AAM (SC) on fixed day approach-referral of suspected cases to higher centre for Consultation - follow up of those who are diagnosed with hypertension & ensuring that they adhere to treatment plan - identify	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			warning signs of complication & refer to higher centre			
			2. Re screening of population (new and old) at periodic intervals - every year			
		CHO is aware of sign & symptoms of Hypertension	Systolic/Diastolic BP of over 140/Over 90 mm of Hg	SI		
			Severe Headache, fatigue, nausea, sweating, feeling faint & confusion, vision problem, chest pain, shortness of breath			
		AAM (SC) ensures frequency of follow up & supply of required medicines	Interview patients for:	RR/CI		
			1. Regular & adequate availability of medicines as per treatment plan			
			2. His/her understanding about dosage schedule, life style medication, any dietary restriction and awareness about next follow up visit date			
			3. Annual consultation with specialist at NCD clinic			
		Staff is aware of promotional & supportive activities for Hypertension	Awareness generation -	CI/SI		
			1. Risk factors: overweight & obesity, Physical inactivity & stress			
			2. Healthy life style: diet, exercise, avoidance tobacco & alcohol,			
			3. Counselling for life style modification			
			4. Importance of regular follow & compliance to medication			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME E11.2	The facility provides services for Diabetes as per guidelines	Staff is aware of process of population identification and referral for diabetes	1. Population enumeration - filling of CBAC form for all above 30 yrs of age - Screening at AAM (SC) on fixed day approach-referral of suspected cases to higher centre for consultation - follow up of those who are diagnosed with hypertension & ensuring that they adhere to treatment plan - identify warning signs of complication & refer to higher centre 2. Re screening of population (new and old) at periodic intervals - every year	RR/SI		
		CHO is aware of sign & symptoms of diabetes	Random blood sugar 140 mg/dl and above. Frequent urination, increased hunger, excessive thirst, unexplained weight loss, extreme tiredness, blurred vision, slow wound healing numbness or tingling hands or feet & sexual problems	SI		
		AAM (SC) ensures frequency of follow up & supply of required medicines	Interview patients for: 1. Regular & adequate availability of medicines as per treatment plan 2. His/her understanding about dosage schedule, life style medication, any dietary restriction and awareness	RR/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			about next follow up visit date			
			3. Annual consultation with specialist at NCD clinic			
		Check Patient is counselled about identification & immediate management hypoglycaemia	Counselled about not to miss/skip meal, take up frequent and small meals, increase physical activity and side effects of anti diabetic drugs	SI/CI		
			Hypoglycaemia: Symptoms; tremors, nervousness, anxiety, sweating, irritability, confusion, Heart beat increase, headache etc.			
			Management: Take 5-6 toffees/Mishri/1 table spoon sugar/ honey/ 2-3 teaspoon of glucose/3-4 tea spoon of sugar/half cup of juice or cold drink. If symptoms persists patient should be taken to higher centre for further management			
		AAM (SC) is aware of risk factors of Non-alcoholic fatty liver disease (NAFLD)	1. All overweight or obese cases with diabetes or prediabetes symptoms or elevated blood lipids or elevated blood pressure	SI/RR		
			2. All such cases are screened for:			
			• Abdominal Obesity (waist circumference of ≥ 90 cm in men or ≥ 80 cm in women)			
			• Family H/O diabetes, hypertension, heart diseases and cancers			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			• Obesity (BMI>=25 kg/m^2) • Oedema examination 3. Referral to PHC for management			
		Staff is aware of promotional & supportive activities for diabetes	Awareness generation: 1. Risk factors: overweight & obesity, physical inactivity & stress 2. Healthy life style: diet, exercise, avoidance tobacco & alcohol 3. Counselling for Life style modification 4. Importance of regular follow & compliance to medication 5 Counselling about diabetes related complication viz. Retinopathy, neuropathy & kidney failure etc.	CI/SI		
ME E11.3	The facility provides services for cancer screening and referral as per guidelines	Check cancer screening services are provided through AAM	1. At SC/outreach/ screening for Breast, cervix & oral cancer 2. Screening is undertaken by trained personnel (LHV/Staff nurse/ MO) can be done in outreach session/ screening day 3. Screening of cervical cancer is conducted on site where privacy & facility for sterilization is available 4. Repeat screening - every 5 yrs	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Staff is aware about sign & symptom of cervical cancer	Vaginal bleeding between periods, menses longer or heavier than usual, post menopausal bleeding, bleeding & pain during/after sexual intercourse, smelly vaginal discharge, pain during urination etc.	SI		
		Staff is aware about sign & symptom of Breast cancer	Lump in breast/under arm area, thickening or swelling of breath, puckering/dimpling of breast skin. redness in nipple area, nipple discharge/blood, constant pain etc.	SI		
		Staff is aware about sign & symptom of Oral Cancer	Difficulty in chewing or swallowing, mouth ulcers persist for more than 3 weeks, persistent pain, lump, thickening in cheek, white/red patch on gums/tongue/tonsil etc.	SI		
		Check with staff about methodology followed for cancer screening	1. Visual Inspection by Acetic Acid for cervical cancer 2. Oral Visual Examination for oral cancer 3. Clinical breast examination 4. Discuss interpretation of results if done at SC/outreach session/screening day	RR/SI		
		Check CHW is aware of referral centre for all types of cancer	For cancers of the oral and breast, the first level of referral is the CHC/SDH/DH and then to the	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			DH for a biopsy for confirmed cases. For cervical cancer, if VIA positive, refer to higher centre offering colposcopy			
		Staff is aware of promotional & supportive activities for diabetes	Awareness generation: 1. Risk factors: smoking, multiple sexual partner, unprotected sex, family history, overweight, lack of physical activity 2. Healthy life style: diet, exercise, avoidance tobacco & alcohol 3. Counselling for Life style modification 4. Importance of regular follow & compliance to medication	CI/SI		
ME E11.4	The facility provides services for de addiction, and locally prevalent health diseases as per guidelines	Confirmation and referral of cases for Tobacco/ alcohol/ substance abuse	Staff is aware 5 A approach - Ask, advise, assess, Assist & arrange: 1. History taking and referral to identified de addiction centre 2. Advise to quit in clear, strong and personalized manner 3. Attempt to Quit 4. Involve family & friends, remove substances from their adjacent area, Arrange follow up visit	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli- ance	Remarks
			5. Motivate by re enforcing & intense follow up			
		Promotional & supportive activities for Tobacco/ alcohol/ substance abuse	1. For Withdrawal symptoms 2. Life style support changes 3. Engagement/ linkage with patient support groups 4. Support encouragement by family & friends	CI/SI/RR		
		Check Screening & referral locally prevalent diseases	Ask for local prevalent disease viz. Pneumoconiosis, lead poisoning, fluorosis etc. Give full compliance if no such disease exists	SI/CI		
ME E11.5	The facility promotes services for health & wellness	Check AAM (SC) is providing Yoga services	Through trainer Yoga instructor (ASHA/ Asha facilitator/Yoga teacher/physical instructor from school	SI/RR		
		Check Yoga sessions are conducted regularly	1. Check roster is available, updated & displayed 2. Community is aware of yoga sessions conducted by AAM (SC)	RR/CI		
		Check Ayurveda services are available	One day fixed Ayurveda clinic for diet counselling, management of chronic aches & pains & elderly care. Check availability of Ayurveda physician & medicines	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Check counselling of mother's for nutrition & hygiene maintenance under Eat right	Check staff counsel mother's for nutritious diet during first 1000 days of life: 1. Stage 1 (During Pregnancy): Balance & nutritious diet including important nutrients like iodine, folic acid, iron, vit B12 etc. 2. Stage 2 (Period from birth of child to 1 yr.): Early initiation of exclusive breastfeeding for initial 6 months, initiation of Complementary feeding on completion of 6 months with continued Breastfeeding 3. Stage 3 (Period between 12 month to 24 months of child age): Complementary feeding & its preparation with right consistency, quantity, frequency, density & variety	SI/CI		
		Check staff counsel and guide the mother's about household preparation of complementary feeds	1. Guide about household measurement with household utensils 2. Awareness on ingredients, quantity & frequency of complementary feeding for children up to 2 yrs	SI/CI		
		Check Primary health care team generate	1. Generate awareness about 4 major food groups	SI/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		awareness in community about balanced diet	(food pyramid) a. Cereals & millets b. Vegetables & fruits c. Milk & animal products d. Fats/oils, sugar & nuts 2. Limit the consumption of foods high in fats, sugar & salts			
		Check Primary health care team generate awareness in community about food fortification	1. Awareness on benefits of fortified food 2. Identification of fortified food available in market (+F logo)	SI/CI		
		Check Primary health care team generate awareness in community about Eat safe practices	Awareness generation about maintaining personal & environmental hygiene while cooking food (viz. handwashing, regular bathing, wearing clean clothes, keeping kitchen clean, taking pest control measures, waste disposal, using kitchen waste for compositing etc.)	SI/CI		
		Check Primary health care team generate awareness in community about food safety	1. Awareness generation about logos on packed food viz. fssai, ISI, +F, green and red dots for vegetarian and non vegetarian food items 2. Safe storage of perishable & non perishable food 3. Precautions to be taken while	CI/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			cooking & serving the meals 4. Awareness about common tests for food adulteration (Key ring test)			
Standard E12	**Elderly & palliative health care services are provided as per guidelines**					
ME E12.1	The facility provides services for elderly Care as per guidelines	Elderly population is mapped & screened	1. Mapping of elderly population in category of Bed bound, restricted & mobile elderly, destitute, poor & single 2. Screening using comprehensive Geriatric assessment tools 3. Primary management & timely referral	RR/SI		
		CHO is aware & competent to use various geriatric tools	1. Activity of daily living 2. Geriatric depression scale 3. Mini mental state examination 4. Check how many cases are identified & referred (if required)	OB/RR		
		AAM (SC) undertake preliminary assessment for the need of assistive devices	Check how many elderly supported by AAM for supportive aids viz Walking sticks, callipers, infrared lamp, shoulder wheel, pully & walker (as per requirement) through PHCs	RR		
		Promotional & supportive activities for Geriatric care	1. Health education regarding healthy aging, environmental	CI/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			modifications, nutritional requirements, life style & behaviour changes			
			2. Educate family members for looking after disabled elderly person			
			3. Linkage with support group & day care centre			
			4. Motivate to join annual health check-up at village level			
ME E12.2	The facility provides services for Palliative care as per guidelines	Screening, basic management & referral of Palliative Care patient is done	1. Assessment using Palliative care screening tool by CHO/MPW	RR/CI		
			2. Scheduled visits to patients/ families for basic nursing care/drugs or consumables dispensing/ psycho social support			
			3. Referral of palliative patients based on pain score			
		Home based palliative care services are provided	1. Check palliative care team is constituted, comprising of CHO, MPW, ASHA & volunteer	RR/SI		
			2. Check updated roster for undertaking scheduled visits			
			3. Check the compliance to roster			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Check Home care kit is available & case sheet are updated	Check sufficient number of kits are available, it contains supplies, equipment & drugs as per requirement & kits are regularly refilled. Home care case sheets are filled completely & legible	SI/RR		
		Check end of life care is given by Palliative care team (whenever required)	Check 'out of hours care', basic nursing care is provided, reporting of death in AAM (SC) - PHC/UPHC, bereavement support is given	SI/RR		
		Check patient support groups are available	Patient support group comprise of care givers, volunteer, patients & CHO. Check their gathering is convened at least once in month	SI/RR		
		AAM (SC) identify & train volunteer for supporting palliative care activities	1. Volunteers are trained to perform simple nursing task and training on communication skills 2. List of trained volunteers is displayed in AAM (SC) area	SI/OB		
		Promotional & supportive activities for palliative care	1. Health education regarding needs of palliative patients 2. Educate family members for routine home based care 3. Linkage with support group & day care centre 4. Help in assessing various services as needed	CI/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
Standard E13	**The facility has established procedures for care of new born, infant and child as per guidelines**					
ME E13.1	Post natal visit & counselling for new born & infant care is provided as per guideline	CHO & CHW are aware of danger signs of new born & infant	Not able to drink or breast feed, vomiting, convulsions, lethargy Discharge from cord, pallor, cyanosis, Jaundice, pustules, hypothermia, unable to pass stool/urine, fever, diarrhoea, indrawing of the chest (2-12 months-50 breaths/min & 12-5 yrs-40 breaths/min)	SI/RR		
		Primary management & prompt referral of sick new born & infants	Staff practice ETAT protocol. Stabilization per disease condition	SI/RR		
		Staff is aware of post natal care Counselling	Exclusive breast feeding, cord care, maintenance of temperature, promoting hygiene practise, support for high risk babies	CI/SI		
ME E13.2	The facility provides immunization services as per guideline	Check for vaccines & diluents are kept as per the recommendation of guidelines	DPT, DT, Hep B, TT vials & diluents are not kept in direct contact of ice pack, Discarded medicines are kept separately	OB/SI		
		Reconstituted vaccines are not used after recommended time	1. Ask staff about when BCG, measles and JE vaccines are constituted and till when these are valid for use. Should not be used beyond 4 hours after reconstitution 2. Vials should be kept in plastic box with label 'NOT TO BE USED' & discarded after 48 hrs/before	OB/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			the next session, whichever is earlier			
		Staff checks VVM level before using vaccines and identify discard point	Staff is aware of how check freeze damage for T-Series vaccines	SI		
		Parents are counselled for informing any untoward event of concern following vaccination	Observe interaction at session site and interview parents/ care giver	OB/CI		
		Antipyretic drugs are provided wherever required	Observe session site and interview parents/care giver	OB/CI		
		Beneficiary is asked to stay for half an hour after vaccination	To observe any AEFI. Staff is aware of minor & serious AEFI with its management, reporting of AEFI Counselling on side effects and follow up visits (CEI)	CI/OB		
		Vaccinator is aware about how to manage any immediate serious reaction/ anaphylaxis	Ask the vaccinator what steps to take in case of serious reaction/anaphylaxis	SI		
		Check the availability of anaphylaxis kit with ANM at session site	Kit constitute of job-aid, dose chart for adrenaline as per age (1 ml ampoule - 3 no.), Tuberculin syringe (1 ml-3 no.), 24H/25G needle-3 no, swabs-3 no. updated contact information of DIO, MO PHC/CHC & local ambulance services and adrenaline administration record slip	OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Check adrenaline is not expired in kit	Give non-compliance if kit is not available	OB		
		Check for injection site is not cleaned with spirit before administering vaccine dose	Cleaning of injection site with spirit swab is not recommended	OB/SI		
		Check that Staff knows how to use AD Syringe	Ask for demonstration, How to peel, how to remove air bubble and injection site	SI/OB		
		Staff is aware of the shelf life of Vit A once it is opened and ensures it is not given after shelf life	Shelf life 6-8 weeks. Check mention of opening date is marked on bottle	SI/OB		
		ANM/CHW is aware segregation policy after completion of immunization session	1. Segregate use & unused vials, Kept in sealed/zipper bag in the vaccine carrier cold chain (reverse cold chain) & picked by AVD 2. Vaccine carrier/ vaccines are not kept in field, in exceptional cases the vial should be discarded	SI/OB		
		Staff is aware of Open vial policy	OVP is not applicable to opened reconstituted vials of measles, BCG & JE	SI/OB		
		Check for AAM (SC) micro plan for immunization & its adequacy		RR		
		Staff is aware of how to calculate the number of beneficiaries, quantity of vaccines &	1. Estimating the beneficiaries & logistic. Preparing due list of expected beneficiaries	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		syringes	including number of beneficiaries & wastage/dosage per multidose vials 2. All the vaccines covered under OVP can be used up to 4 weeks if meeting OVP norms			
		AAM (SC) maintain tracking bag/ tickler box	Counter foil are updated & utilized for follow up	SI/RR		
		Check Vaccinator is aware of different categories of AEFI	1. Ask the staff to enumerate categories or whether he/she can differentiate between minor & severe AEFI 2. The case definition list of severe/ serious AEFI is available with provider	SI/RR		
		Check person responsible for notifying & reporting of the AEFI is identified	Ask the staff regarding the responsibility for notifying and reporting the AEFI	SI/RR		
		Process of reporting and route is communicated to all concerned	Ask staff to whom the cases are reported & how	SI/RR		
		Reporting of AEFI cases is ensured by ANM	1. Verify weekly report of AEFI cases 2. Nil reporting in case of no AEFI case 3. Verify HMIS report of previous months	RR		
		Frontline workers & Health supervisor is aware of his/ her roles & responsibility for AEFI surveillance Programme	Verify with current AEFI guidelines	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Vaccinator is aware about how to prevent immunization error related reactions	Ask vaccinator how to prevent immunization related reactions from occurring	SI		
		Primary healthcare team communicate the benefits of RI at VHND sessions	Observe the session interaction/interview the beneficiaries	OB/CI		
ME E13.3	Management of children for ARI, diarrhoea, malnutrition and other illness	Assessment for identification of ARI, diarrhoea, malnutrition and Other Illness	**ARI:** Chest indrawing difficulty in breathing, coughing, fever, fast breathing **Malnutrition:** Weakness/wasting, check weight for age, check height for weight **Diarrhoea:** Sunken eyes, lethargic, unconscious, restless, irritable, pinch skin	SI/RR		
		Assessment for identification of possible serious bacterial infections among young infant (0-59 days) & children (2-59 months)	**Young infant:** Not able to feed or convulsion or fast breathing >60/min or severe chest indrawing or axillary temp 37.5 °C or more or movement only when stimulated	SI/RR		
			Children: General danger signs, or chest indrawing - very severe or severe pneumonia **Fast breathing:** RR - 2-11 month >or equal 50/min 12-59 months> or equal 40/min - Pneumonia			
		Management of diarrhoea is done as per protocols	ORS, Zn, Lot of fluids & treatment with Cotrimoxazole. Counselling and referral if required	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Management of ARI is done as per protocols	Symptomatic treatment, Paracetamol for fever, plenty of fluids, keep child & give normal diet. Counselling & referral if required	SI/RR		
		Management of Possible serious bacterial infection as per protocols	1. Give first dose of oral Amoxicillin and injectable Gentamycin 2. Treat or prevent low sugar (breastfeed/age appropriate feed) 3. Warm the young infant if temp is less than 35.5 °C 4. Advise mother to keep young infant warm & refer urgently to hospital	SI/RR		
		Management of Malnutrition is done as per protocols	Counselling for nutrition & referral	CI/SI		
		Screening, referral and follow up of children for anomalies, disabilities and developmental delays	Functional linkage with RBSK team, referral & follow up	RR/SI		
Standard E14	The facility has established procedures for family planning as per government guidelines and law					
ME E14.1	Family planning counselling services are provided as per guidelines	The client is given full information about family planning methods	Importance of FP, Options available - (limiting & spacing method), time for initiation & advantages of various available methods. For Limiting method - counselled & referred to higher centre	SI/RR		
		Staff is aware of Method specific counselling	BRAIDED Approach: Benefits of method, risk, consequence of	SI/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		approaches	failure, alternatives, inquiries, decision to withdraw, explanation of method chosen & document of session			
		Care seeker is counselled about contrain-dications & adverse events of chosen FP methods	Such as risks, advantages, and possible side effects of OCPs/ECP/Injectable/IUCD/cent chroman, what to do if dose of contraceptive is missed, method of administration of ECP	CI/SI		
		Promotional activities for Family Planning are provided at facility under Mission Parivar Vikas	1. Nayi Pahel Kit, Saas Bahu Samelan, Saarthi. 2. Give full compliance if facility is not covered under MPV but undertake promotional activities	CI/RR		
ME E14.2	The facility provides spacing methods for family planning as per guidelines	Staff is aware of case selection criteria for family planning methods	15-49 yrs., married	SI/RR		
		Staff is aware of options, indications & methods for administration for Oral Contraceptives	1. Hormonal (Combined oral pill), Non Hormonal (Chaya) & Emergency Contraceptives. 2. Combined oral Pill taken at fixed time daily ECP_ within 72 hrs, second dose 12 hrs after first dose **Centchroman:** to be taken twice a week for the first	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			3 months followed by once a week thereafter Check for Chhaya/Centchroman eligibility is checked & confirmed by MO. Dose may be started by trained HCW			
		IUD insertion & follow up is done as per standard protocol	No touch technique, Speculum and bimanual examination, sounding of uterus and placement. Follow up: when to return/removal of IUCD. Check In case of 2nd trimester abortion IUCD is provided by Qualified Medical officer	SI/RR		
		Injectable Contraceptives are given as per protocols	Check the eligibility for injectables are checked & confirmed by MO. Dose may be started/continued by trained HCW. Depot MPA can be given IM or Subcutaneous IM: single dose vial with disposal syringe & needle Subcutaneous: Pre filled AD syringe	SI/RR		
ME E14.3	The facility provides limiting methods for family planning as per guidelines	Staff is aware of case selection criteria for limiting methods	For sterilization: 22-49 yrs. - (female) & 22-60 yrs (male), married, youngest child is at least one year & spouse has not opted for sterilization. Counselled & referred to Higher centre	SI/RR		
		HCW is supporting & encouraging the clients for post sterilization follow up	Check adherence to GoI guidelines **Female Sterilization:** Certification is issued one month after the surgery or after the	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			first menstrual period, whichever is earlier. **Male Sterilization;** Certificate is issued only after 3 months once the semen examination shows no sperm, certificate can be delayed till 6 months if the semen shows sperm after 3 months			
Standard E15	**The facility provides Adolescent Reproductive and Sexual Health services as per guidelines.**					
ME E15.1	The facility provides promotive, preventive & curative service for adolescent	Provision of education & counselling services for adolescent	Nutritional Counselling, advice on topic related to Growth and development, puberty, myths & misconception, pregnancy, safe sex, menstrual disorders, anaemia, sexual abuse, RTI/STI's etc.	CI/SI		
		Services for treatment & referral of common RTI/STI's, Nutritional Anaemia & Menstrual disorders	Haemoglobin estimation, weekly IFA tablet, and treatment for worm infestation, Symptomatic treatment, counselling, TT at 10 and 16 year. Referral linkages to ICTC and PPTCT	RR/CI		
Standard E16	**The facility has established procedures for Antenatal care as per guidelines**					
ME E16.1	There is an established procedure for registration and follow up of pregnant women	Facility provides and updates "Mother and Child Protection Card"	Check Mother & Child Protection cards have been provided for each pregnant women at time of 1st registration/First ANC	RR/CI		
		Facility ensures early registration & line listing of high risk ANC cases	Check ANC records for ensuring that majority of ANC registration is taking place within 12 week of pregnancy in ANC register	RR/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Clinical information & records of ANC is kept with AAM (SC)	Check, if there is a system of keeping copy of ANC information like LMP, EDD, Lab Investigation findings, Examination findings etc. with them. Records of each ANC check-up is maintained in ANC register	RR/SI		
		Staff has knowledge of calculating expected pregnancies in the area	Check with staff the expected pregnancies in her area/ How to calculate it.(Birth Rate x Population/1000 Add 10% as correction factor (Still Birth)	SI/RR		
		Tracking of Missed and left out ANC	1. Check with ANM how she tracks missed out ANC. Use of MCTS by generating work plan and follow-up with ASHA, AWW etc. 2. Check if there is practice of recording Mobile no. of clients/next to kin for follow up	SI/RR		
		All pregnant women get ANC check-up as per recommended schedule	1. Ask staff about schedule of 4 ANC Visits (1st - < 12 Weeks 2nd - < 26 weeks 3rd - < 34 weeks 4th >34 to term) 2. Check ANC register whether all 4 ANC covered for most of the women (sample cases) 3. Atleast one ANC visit is attended by Medical Officer (Preferably 3rd Visit - 28-34 Weeks)	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME E16.2	There is an established procedure for History taking, Physical examination, and counselling of each antenatal woman, visiting the facility	At ANC clinic, Pregnancy is confirmed by performing urine test	Check for ANC record that pregnancy has been confirmed by using Pregnancy test Kit (Nischay Kit)	SI/RR		
		Last menstrual period (LMP) is recorded and Expected date of Delivery (EDD) is calculated on first visit	Check how staff confirms EDD & LMP, (EDD = Date of LMP + 9 Months + 7 Days) How she estimates if Pregnant women is unable to recall first day of last menstrual cycle ('Quickening', Fundal Height). Check ANC records that it has been written	SI/RR		
		Comprehensive Obstetric history is recorded	1. History of previous pregnancies including complications and procedures done, if any, is taken. History of current or past systemic illness like Hypertension, Diabetes, Tuberculosis, Rheumatic Heart Disease, Rh Incompatibility, malaria, etc. is taken 2. Allergies to drugs, any treatment taken for infertility	SI/RR		
		Physical Examination & vitals of Pregnant Women is done on every ANC visit	Pulse, Respiratory Rate, Pallor, Oedema. Height, weight & BP - Check any 3 ANC records/MCP Card randomly to see that weight has been measured and recorded at every ANC visit Observation and Correction of Flat or Inverted Nipples Palpation for any Lumps or Tenderness	RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Abdominal Examination is done as per protocol	Measurement of Fundal Height (ask staff how she correspond fundal high with Gestational Age), Auscultation of foetal heart sound, Palpation for Foetal lie and Presentation Check for findings recorded in MCP card/ANC Records	SI/RR		
ME E16.3	The facility ensures of drugs & diagnostics are prescribed as per protocol	Diagnostic test for every pregnant women	1. Check for Haemoglobin, confirmation of pregnancy, urine albumin & sugar blood, blood sugar, Malaria. Check randomly any 3 MCP card/ANC record for Haemoglobin test is done at every ANC visit and values are recorded 2. Haemoglobin & urine albumin & sugar test is done on every ANC visit	SI/RR		
		Referral is done for the remaining ANC diagnostics	Such as blood group and Rh factor, Hepatitis B	SI/RR		
		Tetanus Toxoid (2 Dosages/ Booster) have been during ANC visits	Check randomly any 3 ANC records for confirming that TT1 (at the time of registration) and TT2 (one month after TT1) has been given to Primi gravida & Booster dose for women getting pregnant within three years of previous pregnancy	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compliance	Remarks
ME E16.4	There is an established procedure for identification of High risk pregnancy and appropriate & timely referral	Staff can recognize the cases, which would need referral to higher centre (FRU)	Anaemia, Bad obstetric history, CPD, PIH, APH, Medical Disorder complicating pregnancy, Malpresentation, foetal distress, PROM, obstructed labour	SI/RR		
		Staff is competent to identify Hypertension/ Pregnancy Induced Hypertension	Hypertension & Pre Eclampsia (Hypertension - Two consecutive reading taken four hours apart shows Systolic BP >140 mmHg and/or Diastolic BP >90 mmHg	SI/RR		
		Staff is competent to identify Pre-Eclampsia	Pre - Eclampsia - High BP with Urine Albumin (+2) Imminent eclampsia - BP >140/90 with positive albumin 2++, severe headache, Blurring of vision, epigastria pain & oliguria in Urine	SI/RR		
		Staff is competent to identify high risk cases based on Abdominal examination	Identification and referral of cases with Cephalo-pelvic presentation, Malpresentation, medical disorder complicating pregnancy, IUFD, amniotic fluid abnormalities	SI/RR		
		Staff is competent to classify anaemia according to Haemoglobin Level	>11 gm% -Absence of Anaemia,10 to 11 gm% mild, 7-10 gm% Moderate Anaemia <7 gm% Severe Anaemia	SI/RR		
		Line listing of pregnant women with moderate and severe anaemia	Check the records whether Line-listing of severely anaemic women are maintained at the AAM	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Staff is aware of prophylactic & Therapeutic dose of IFA & progress is monitored	1. **Prophylactic** - one IFA tablet per day for six months during ANC & PNC. 2. **Therapeutic dose** - double the dose in case of anaemia. 3. Improvement in haemoglobin label is continuously monitored and recorded	SI/RR		
ME E16.5	Counselling of pregnant women is done as per standard protocol and gestational age	Pregnant women is counselled for planning and preparation for birth	Registration and identification of institution as per clinical condition	CI/SI		
		Pregnant women is counselled recognizing danger signs during pregnancy	Swelling (oedema), bleeding even spotting, blurred vision, headache, pain abdomen, vomiting, pyrexia, watery & foul smelling discharge & Yellow urine	CI/SI		
		Pregnant women is counselled to recognize sign of labour & arrange for referral transport	A bloody, sticky discharge (Show) and regular painful uterine contractions. Contact number of the ambulance is communicated	SI/CI		
		Pregnant women is counselled diet, rest, breast feeding & family planning	1. Increase Dietary Intake, Diet rich, in proteins, iron, vitamin A, vitamin C, calcium and other essential micronutrients. Initiate breastfeeding especially colostrum feeding within an hour of birth. 2. Do not give any	SI/CI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			pre-lacteal feeds. (Sugar, water, Honey)			
			3. Ensure good attachment of the baby to the breast			
			4. Exclusively breastfeed the baby for six months			
			5. Breastfeed the baby whenever he/she demands milk.			
			6. Follow the practice of rooming in. Different Options available including IUCD, PPIUCD, vasectomy, long acting injectable, etc.			
Standard E17	**The facility has established procedure for intranatal care as per guidelines**					
ME E17.1	Established procedures and standard protocols for management of different stages of labour including AMTSL (Active Management of third Stage of labour) are followed at the facility	Management of 1st stage of labour	Check progress is recorded, Women is allowed to give birth in the position she wants, Check progress is recorded on partograph. Women are encouraged and counselled for allowing birth companion of their choice	SI/RR		AAM-SC Type B
		Management of 2nd stage of labour	1. Ensures 'six cleans' are followed during delivery	SI/RR		AAM-SC Type B
			2. Clean hands, Clean Surface, clean blade, clean cord tie, clean towel & clean cloth to wrap mother			
			3. Allows the spontaneous delivery of head, gives Perineal			

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			support and assist in delivering baby. Check progress is recorded on partograph			
		Check no unnecessary episiotomy and unnecessary augmentation and induction labour is done using uterotonic drugs	Check with records/ interview with staff if they are still practicing routine episiotomy & check uterotonics such as oxytocin and misoprostol is not used for routine induction normal labour unless clear medical indication and the expected benefits outweigh the potential harms	SI/RR		AAM-SC Type B
		Active Management of Third stage of labour	Palpation of mother's abdomen to rule out presence of second baby, use of uterotonic drugs, Controlled cord traction during contraction, uterine massage & checks placenta & membranes for completeness	SI/RR		AAM-SC Type B
		Staff is aware of route, doses and time of Uterotonic Drugs	Administration of 10 IU of oxytocin IM with in 1 minute of Birth	RR/SI		AAM-SC Type B
ME E17.2	Facility staff adheres to standard procedures for routine care of new-born immediately after birth and new born resuscitation	Wipes the baby with a clean pre-warmed towel and wraps baby in second pre-warmed towel	Check staff competence through demonstration or case observation. Also Check recording for date, Time of Birth & Weight of new born	SI/RR		AAM-SC Type B
		Performs delayed cord clamping and cutting (1-3	Check staff competence through demonstration or case observation	OB/SI		AAM-SC Type B

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compliance	Remarks
		min) & Initiates breast-feeding soon after birth				
		Records birth weight and gives injection vitamin K	Check staff competence through demonstration or case observation	SI/RR		AAM-SC Type B
		New born Resuscitation	Check staff competence through demonstration of Resuscitation Technique	SI/OB		AAM-SC Type B
ME E17.3	There is established procedure for management/ Referral of Obstetrics Emergencies as per scope of services	Staff is aware of Indications for referring patient to higher centre	Ask staff how they identify slow progress of labour, How they interpret partogram	SI/RR		AAM-SC Type B
		Initial Management of Eclampsia \Pre Eclampsia	Ask staff about how they manage eclampsia cases Monitors BP in every case, and tests for proteinuria if BP is >140/90 mmHg with convulsion and proteinuria, Give Inj. Magnesium Sulphate 5 g (10 ml, 50%) in each buttock deep I.M.) If delivery is not imminent refer the patient to FRU	SI/RR		AAM-SC Type B
		Post Partum Haemorrhage	Ask staff how they manage post partum haemorrhage Assessment of bleeding (PPH if >500 ml or > 1 pad			AAM-SC Type B
			soaked in 5 Minutes. IV Fluid, bladder catheterization, measurement of urine output, Administration of 20 IU of Oxytocin in 1L NS/RL 60 drops per minute. Refer the patient	SI/RR		AAM-SC Type B

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
Standard E18	**The facility has established procedure for post natal Care**					
ME E18.1	Post partum Care is provided to the mothers	Mother is monitored as per post natal care guideline	Check for records of Uterine contraction, bleeding, temperature, B.P, pulse, Breast examination, (Nipple care, milk initiation) Check for perineal wash is performed	RR/SI		AAM-SC Type B
ME E18.2	There is a established procedures for Postnatal visits & counselling of Mother and Child	Check Mother is educated & counselled about danger signs during puerperium & during postnatal visit	Danger signs: Excessive PV bleeding, breathing difficulty, convulsion, severe headache, abdominal pain, foul smelling lochia, urine dribbling, perineal pain, painful & redness of breast	SI/RR		AAM-SC Type B
	AREA OF CONCERN F: INFECTION CONTROL					
Standard F1	**The facility has established program for infection prevention and control**					
ME F1.1	Facility ensures that staff is working as team and monitor the infection control practices	Staff is working as team to improve sanitation & hygiene of the facility	1. Person is identified to supervise the sanitation and hygiene of AAM (SC) and its surrounding area 2. Check staff is aware of their roles and responsibilities in terms of sanitation & hygiene.	SI/RR		
		Check Records of Medical Check-up and Immunization	All staff undergo medical Check-up at least once in year and immunization with at least Hepatitis B and TT	RR		
		Facility has a system to monitor cleanliness & hygiene practices	Regular monitoring of cleanliness & hygiene	OB/RR		
Standard F2	**The facility has defined and Implemented procedures for ensuring hand hygiene practices**					

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME F2.1	Hand Hygiene facilities are provided at point of use & ensures adherence to standard practices	Availability of Hand washing facilities	Washbasin with functional drainage pipe, tap, running water, Soap (Soap bar/liquid), AHR, Display of hand washing poster (Pictorial-Local language)	OB		
		Check Washbasin, tap & running water as per standard protocols	1. Check washbasin is wide and deep enough to prevent splashing and retention of water 2. Check for availability of elbow operated tap adequate running water through piped water distribution system	OB/SI		
		Check availability of Soap and Alcohol Hand rub for outreach		OB		
		Staff is trained and adheres to hand washing practices	Demonstration and random observation (Five Moments of handwashing, Six Steps of Hand washing)	SI/OB		
Standard F3	**The facility ensures standard practices and equipment for personal protection**					
ME F3.1	The facility ensures availability of personal protection equipment and ensures adherence to standard practices	Check availability & use of PPE	1. Check adequate required gloves, mask & apron etc is available & used 2. Check Disposable Gloves, Cap, Mask are not reused 3. Check records for continuity of supply	OB/RR		
		Compliance to correct method of wearing and removing PPE	Staff is aware of method of donning and doffing the PPE	SI/OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Availability & adherence to Personal protective kit for infectious patients/HIV pts		SI/RR		
Standard F4	**The facility has standard procedures for disinfection and sterilization of equipment and instruments**					
ME F4.1	The facility ensures availability of material and adherence to Standard Practices for decontamina-tion and cleaning of instruments and followed by procedure/patient care areas	Adequate sup-ply of decon-tamination and cleaning agents at the point of use	Check records of indent & Utilization	RR/OB		
		Staff is trained for the decon-tamination and cleaning proce-dure	Ask whether staff know how to make chlorine solution	OB/SI		
		Decontami-nation and cleaning of in-struments and surfaces	Observe staff about the decontamination of instruments is done with 0.5% of chlorine solution for 10 min. Check instruments are cleaned thoroughly with soap or detergent and water. Ask staff when & how they clean the surfaces	SI/OB		
ME F4.2	The facility ensures standard practices and materials for disinfection and sterilization of instruments and equipment	Availability of disinfectants	Ethyl alcohol 70%, Bleaching Powder/hypo chloride solution containing not less than 30% w/w of available chlorine Check availability of boiler/sterilisers	RR/OB		
		Staff adhere to the process of disinfection	1. Check staff is aware of process of HLD and sterilization 2. Check the reusable items are free	SI/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			from visible contamination & disinfecting			
		Sterilization/ HLD records are maintained	To ensure the status of sterilized/ HLD instruments, equipment & materials etc.	RR/SI		
Standard F5	**The facility has defined and established procedures for segregation, collection, treatment and disposal of Bio-Medical and Hazardous Waste**					
ME F5.1	The facility ensures segregation and storage of Bio-Medical Waste as per guidelines	Availability of colour coded bins and non chlorinated plastic bags and needle cutters at point of waste generation	1. Availability of bins and non chlorinated plastic bag, Covered and Foot operated bins with Display of Bio Hazard sign 2. Availability of needle/hub cutter & puncture proof boxes 3. Check the adequacy of supply	OB/SI		
		Segregation of BMW is done as per latest prevalent rules	Segregation of BMW rules: **Yellow:** Human Anatomical waste, Items contaminated with blood, body fluids, dressings, cotton swabs and bags containing residual or discarded components. etc. **Red:** Items such as tubing, bottles, intravenous tubes and sets, catheters, urine bags, syringes (without needles and fixed needle syringes) and vacutainers with their needles cut) and gloves	OB/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
			White: Sharps waste including Metals in (translucent) Puncture proof, Leak proof, tamper proof containers: Needles, syringes with fixed needles, needles from needle tip cutter or burner, scalpels, blades, or any other contaminated sharp object that may cause puncture and cuts. This includes both used, discarded and contaminated metal sharps			
			Blue: Contaminated and broken Glass are disposed in puncture proof and leak proof box/container such as Vials, slides and other broken infected glass			
		Check there is no mixing of the Biomedical & general waste		OB		
		Display of work instructions for segregation	Pictorial and in local language	OB		
		AAM (SC) has designated area for storage for BMW	1. BMW is not stored for more than 48 hours 2. Functional linkage with CTF/ If Functional deep burial & sharp pit is available - dispose waste on regular basis, Check there is no scope for unauthorized entry; Display of Bio Hazard sign at the point of use	OB/SI		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
ME F5.2	The facility ensures management of sharps as per guidelines	Disinfection of broken/ discarded Glassware is done as per recommended procedure	Check if such waste is pre treated with 1-2% of Sodium Hypo chloride (having 30% of residual chlorine) for 20 min	OB/SI		
		Sharp waste is stored in puncture proof container	Check availability of puncture, leak and tamper proof container at point of use	OB/SI		
		Availability of post exposure prophylaxis and staff is aware what to do in such condition	Check staff is aware of what to do in case of sharp injury, Whom to report. See if any reporting has been done and treatment provided	SI/RR		
ME F5.3	The facility ensures management of hazardous & general waste	Facility has provision for liquid waste management	Liquid waste is made safe before mixing with other waste. On site provision liquid waste disinfection set up	OB/SI		
		Check facility is mercury free	Give partial compliance if staff know how to manage mercury spill & mercury spill kit is available	SI/OB		
		Disposal of general waste	Mechanism for removal of general waste from facility & its disposal	OB/RR		
ME F5.4	The facility ensures transportation & disposal of waste as per guidelines	AAM (SC) waste is collected & transported in close container/ bag	Check the functional linkage/records with CBWTF operator or has pre approved functional deep burial	RR		
		AAM (SC) has facility for disposal of Biomedical waste	AAM (SC) have valid contract with CTF for disposal of BMW waste/else facility should have deep burial pit and sharp pit within premises of Health facility. Such deep burial pit should have prior approval prescribed from authority & meet the specified norms	RR/OB		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Facility manages recyclable waste as per approved procedure	Facility hand over the plastic waste to registered vendor through BPHC/CHC	SI/RR		
		No burning of any category of waste within/ outside AAM (SC)		OB		
AREA OF CONCERN G: QUALITY MANAGEMENT						
Standard G1	**The facility has established organizational framework for quality improvement**					
ME G1.1	The facility has a quality improvement team and it review its quality activities at periodic intervals	The AAM (SC) has Quality team in place	1. CHO, ANM/Staff nurse, MPW & ASHA 2. Team members are aware of their respective responsibilities and roles viz. ensure cleanliness, hygiene and infection control practices are followed, internal audits are conducted, feedback from stakeholders are taken etc.	RR/SI		
		Quality team meets monthly and review its activities	Check the records/ Minutes of meetings	RR		
		AAM (SC) reviews performance of its indicators		RR		
		Review & update work plan as per requirement		RR		
		Identify the issues needed to be addressed at PHC review meeting		RR/SI		
		Results of Kayakalp and NQAS Internal/ External assessments are reviewed	Gaps are identified	RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Progress on time bound action plan is reviewed	Resolutions of meeting is effectively communicated	RR/SI		
Standard G2	**The facility has established system for patient and employee satisfaction**					
ME G2.1	The facility ensures mechanism for conducting patient satisfaction survey	Client satisfaction survey is done	1. On defined intervals for patient or their attendant visiting AAM (SC) & Client visiting Health campaigns, VHNDs, PSGs etc. 2. Check Valid Sample size is taken 3. Check format is in local language or easy to understand 4. Sample having representation from all sections (age, gender, cast, religion etc.)	RR/SI		
		Analysis of low performing attributes is done	Client satisfaction survey results are analysed and lowest performing attributes are identified and action plan is prepared	RR		
		Actions are taken on lowest performing factors		RR		
Standard G3	**The facility has established, documented, implemented and updated Standard Operating Procedures for all key processes and support services**					
ME G3.1	Updated work instructions for all key clinical processes are available	Instructions for using RDK are available	Check it covers details of process of testing, control & interpretation. (As per Service mandate)	RR/SI		
		Work instruction for RMNCHA services		RR		
		Protocols and instructions for preventing,	Verify protocols are displayed at session sites	OB/RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		identifying and managing AEFI are displayed at immunization site				
		WI for screening, management and appropriate referral of NCDs	HT, Diabetes Oral, cervical and breast cancer Screening using acetyl salicylic acid	RR		
		WI for screening, management and appropriate referral of Communicable disease	Malaria, dengue, TB, Leprosy, HIV-AIDS and Hepatitis	RR		
		WI for screening and referral of patients with mental disorders		RR		
		WI for screening of common ophthalmic problems		RR		
		WI for screening of ENT problems		RR		
		WI for screening of common oral problems		RR		
		WI for screening of common elderly & palliative care		RR		
		WI for management of emergency medical services		RR		
		WI for infection prevention & Bio-medical waste management		RR		
		Work instruction for conducting the Normal vaginal delivery	Simplified Partograph; First aid management in case of PPH, sepsis, eclampsia and RMC	RR		AAM-SC Type B

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		Work instruction for management of new born	Essential new born care, New born Asphyxia management, assessment for identification of danger sign	RR		AAM-SC Type B
		WI are updated as per current practices	Check with staff if they are well versed with the Work Instructions	RR		
Standard G4	**The facility has established system of periodic review of clinical, support and quality management processes**					
ME G4.1	Handholding support and supervision is provided to AAM (SC) by PHC, block/district/state teams	Service delivery and performance of AAM (SC) is reviewed regularly	Through monthly visits by MO PHC	SI/RR		
		AAM (SC) performance is reviewed regularly by block/district/state nodal officer	Quarterly - By Block nodal officer, Bi Annual by District Nodal officer	RR		
		Check gaps have been identified and actions are taken	Check number gaps closed as per last quarter report	RR		
ME G4.2	The facility conducts periodic internal assessment	Periodic assessment using NQAS checklist	At least once in six months	RR		
		Periodic assessment using Kayakalp checklist	Quarterly	RR		
ME G4.3	The facility ensures non compliances are recorded adequately and action plan is made on the gaps found in the assessment/review process using quality	Non Compliance found in the internal assessment using NQAS, Kayakalp and other monitoring checklists are recorded	Check gaps are identified and time bound action plan is prepared	RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compliance	Remarks
	improvement methods					
		Root cause analysis is done	Using brainstorming, Fishbone analysis or why-why analysis	RR/SI		
		AAM (SC) team improve on identified non compliances & action are taken	Using PDCA approach	RR/SI		
Standard G5	**Facility has defined Mission, Values, Quality policy and Objectives, and approved plan to achieve them**					
ME G5.1	The facility has defined Quality policy and quality objectives	Quality policy are defined	Staff is aware of Quality Policy Quality Policy is displayed in local language	RR		
		Quality objectives are defined for the AAM	Check whether the objectives are SMART and in sync with the Quality Policy	RR		
		There is system for monitoring of performance towards quality objectives		RR/SI		
AREA OF CONCERN H: OUTCOME						
Standard H1	**The facility measures productivity Indicators**					
ME H1.1	The facility measures productivity indicators services on monthly basis	No. of OPD Cases per month	Case specific OPD of pregnant mothers, neonate, infant, children, adolescent, FP and CD	RR		
		No. of follow up cases (repeat visit) per month	Case specific OPD of pregnant mothers, neonate, infant, children, adolescent, FP and CD	RR		
		No. of cases referred to higher centre per month	Case specific referral of pregnant mothers, neonate, infant, children, adolescent, FP and CD	RR		
		No. of Normal deliveries conducted		RR		AAM-SC Type B
		No. of Case specific OPD per month (as per	As per Service package i.e. NCD (Hypertension,	RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		defined service package)	Diabetes & cancer), Eye, ENT, Oral Health, elderly, palliative, Medical Emergency & Mental Health etc.			
		No. of cases referred to higher centre per month	As per Service package i.e. NCD (Hypertension, Diabetes & cancer), Eye, ENT, Oral Health, elderly, palliative, Medical Emergency & Mental Health etc.	RR		
		No. of case specific follow up per month	As per Service package i.e. NCD (Hypertension, Diabetes & cancer), Eye, ENT, Oral Health, elderly, palliative, Medical Emergency & Mental Health etc.	RR		
		No. of drop out rate cases following identification (as per service Package)	As per Service package i.e. NCD (Hypertension, Diabetes & cancer), Eye, ENT, Oral Health, elderly, palliative, Medical Emergency & Mental Health etc.	RR		
Standard H2	**The facility measures efficiency Indicators**					
ME H2.1	The facility measures efficiency indicators on monthly basis	Percentage of women receiving all four ANCs		RR		
		Drop out rate for Pentavalent immunization		RR		
		Drop out rate for NCDs		RR		
		No. of stock out days of essential medicines	As per Service package	RR		
		No. of stock out days of essential diagnostic test	As per Service package	RR		
		No. of Yoga session		RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
		conducted in month				
		No. of VHNDs conducted (for vulnerable population)		RR		
Standard H3	**The facility measures clinical care indicators**					
ME H3.1	The facility measures clinical care indicators on monthly basis	No. of high risk pregnancy identified during ANC		RR		
		No. of AEFI cases reported		RR		
		No. of Children with diarrhoea treated with ORS & Zn		RR		
		Contraceptives acceptance rate		RR		
		No. of Anaemia cases treated successfully		RR		
		Treatment completion rate for Tuberculosis		RR		
		Percentage of cases on treatment achieved for blood pressure control		RR		
		Percentage of cases on treatment achieved for blood sugar control		RR		
		Percentage of cases screened positive for cancer underwent biopsy		RR		
		Percentage of cancer cases underwent treatment for each cancer		RR		

Reference No.	Measurable Elements	Checkpoints	Means of Verification	Assessment Method	Compli-ance	Remarks
Standard H4	**The facility measures service Quality Indicators**					
ME H4.1	The facility measures service quality indicators on monthly basis	Client Satisfaction Score (Patients)	Sum of *average satisfaction score* of each respondent (Average satisfaction score = sum total of scores of attributes/ number of total attributes)	RR		
		Client Satisfaction Score (Community)	Sum of *average satisfaction score* of each respondent	RR		
			(Average satisfaction score = sum total of scores of attributes/ number of total attributes)			
		Percentage of chronic cases who started treatment at PHC/above are still under treatment for last 3 months	As per service package	RR		

ABBREVIATIONS

S. No.	ACRONYM	FULL FORM
1	AAM	Ayushman Arogya Mandir
2	AD	Auto Disabled
3	AED	Automated External Defibrillator
4	AEFI	Adverse Event Following Immunization
5	AMTSL	Active Management of Third Stage of labour
6	ANC	Anti Natal Check-up
7	ANM	Auxiliary Nurse Midwife
8	ANMOL	ANM Online
9	APH	Ante Partum Haemorrhage
10	ARI	Acute Respiratory Infection
11	ARSH	Adolescent Reproductive and Sexual Health
12	ART	Anti-Retroviral Therapy
13	ASHA	Accredited Social Health Activist
14	ASOM	Acute Suppurative Otitis Media
15	AV	Audio visual
16	AWW	Anganwadi Worker
17	AYUSH	Ayurveda, Yoga, Unani, Sidhha& Homoeopathy
18	BCC	Behaviour Change Communication
19	BCG	Bacille Calmette-Guerin
20	BLS	Basic Life Support
21	BP	Blood Pressure
22	C&AMHD	Child & Adolescent Mental Health disorder
23	CBAC	Community Based Assessment Checklist
24	CD	Communicable Disease
25	CHC	Community Health Centre

S. No.	ACRONYM	FULL FORM
26	CHO	Community Health Officer
27	CHW	Community Health Worker
28	CI	Client Interview
29	CIDT	Community informant decision tool
30	CMD	Common Mental Disorder
31	COPD	Chronic Obstructive Pulmonary Disease
32	CQI	Continuous Quality Improvement
33	CSR	Corporate Social Responsibility
34	DVDMS	Drugs and Vaccine Distribution Management System
35	ECP	Emergency Contraceptive Pills
36	EDD	Expected Date of Delivery
37	EDL	Essential Drug List
38	ENT	Ear Nose Throat
39	ETAT	Emergency Triage Assessment and Treatment
40	FBAO	foreign-body airway obstruction
41	FEFO	First Expiry First Out
42	FP	Family Planning
43	FRU	First Referral Unit
44	FSSAI	Food Safety and Standards Authority of India
45	GBV	Gender Based Violence
46	HBNC	Home Based Newborn Care
47	HIV	Human Immunodeficiency Virus
48	HMIS	Health Management Information Systems
49	ICDS	Integrated Child Development Services
50	IDSP	Integrated Disease Surveillance Project
51	IEC	Information Education Communication
52	IPHS	Indian Public Health Standards
53	ISO	International Organization for Standardization
54	IUCD	Intra Uterine Contraceptive Device
55	IUFD	Intra Uterine Foetal Distress
56	IUGR	Intra Uterine Growth Retardation
57	IYCF	Infant and Young Child Feeding
58	JAS	Jan Arogya Samiti
59	JCI	Joint Commission International
60	JE	Japanese encephalitis
61	JSSK	Janani –Shishu Suraksha Karyakram
62	JSY	Janani Suraksha Yojana

S. No.	ACRONYM	FULL FORM
63	KA	Kala azar
64	LASA	Look Alike Sound Alike
65	MCP	Mother-child protection card
66	MCTS	Mother & Child Tracking System
67	ME	Measurable Element
68	MLHP	Mid-Level Healthcare Providers
69	MMU	Mobile Medical Unit
70	MPW	Multi-Purpose Worker
71	NACO	National AIDS Control Organisation
72	NACP	National AIDS Control Programme
73	NAFLD	Non-alcoholic fatty liver disease
74	NCD	Non-Communicable disease
75	NGO	Non-Government Organization
76	NHP	National Health Policy
77	NLEP	National Leprosy Eradication Programme
78	NOHP	National Oral Health Program
79	NPCB	National Programme for Control of Blindness
80	NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
81	NPHCE	National Programme for Health Care of the Elderly
82	NQAP	National Quality Assurance Program
83	NQAS	National Quality Assurance Standards
84	NSAIDs	Non-steroidal anti-inflammatory drugs
85	NSSK	Navjat Shishu Surkasha Karyakram
86	NTEP	National Tuberculosis Elimination Program
87	NVBDCP	National Vector Borne Disease Control Programme
88	NVHCP	National Viral Hepatitis Control Program
89	OB	Observation
90	OCP	Oral Contraceptive Pills
91	OPD	Out-patient department
92	PDCA	Plan, Do, Check, Act
93	PHC	Primary Health Centre
94	PI	Patient Interview
95	PIH	Pregnancy Induced Hypertension
96	PM-JAY	Pradhan Mantri Jan – Arogya Yojana
97	PPE	Post Exposure Prophylaxis

S. No.	ACRONYM	FULL FORM
98	PPH	Postpartum Haemorrhage
99	PPIUCD	Postpartum Intra Uterine Contraceptive Device
100	PPTCT	Prevention of Parent to Child Transmission
101	PRI	Panchayati Raj Institution
102	PROM	Premature rupture of membranes
103	PSG	Patient Support Groups
104	RBSK	Rashtriya Bal SwasthyaKaryakram
105	RDK	Rapid Diagnostic Kit
106	RMC	Respectful Maternal Care
107	RMNCHA	Reproductive Maternal Neonatal Child Health and Adolescent
108	RNTCP	Revised National TB Control Programme
109	RR	Record Review
110	SC	Sub-centre
111	SHG	Self-Help Groups
112	SI	Staff Interview
113	SMD	Severe Mental Disorder
114	SMART	Specific, Measurable, Attainable Relevant, Time Based
115	SOP	Standard Operating Procedure
116	SQAC	State Quality Assurance Committee
117	STG	Standard Treatment Guideline
118	STI/ RTI	Sexually Transmitted Infections
119	SUD	Substance use disorder
120	TB	Tuberculosis
121	TT	Tetanus Toxoid
122	URI	Upper Respiratory Infection
123	VDRL	Venereal Disease Research Laboratory
124	VHSNC	Village Health Sanitation & Nutrition Committee
125	VED	Vital, Essential and Desirable
126	VIA	Virtual Inspection with Acetic Acid
127	VVM	Vaccine Vial Monitor
128	WCD	Department of Women and Child Development
129	WI	Work Instructions

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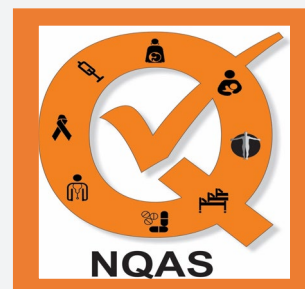39. Operational Guidelines for National Tobacco Control Program, MoHFW, GoI.

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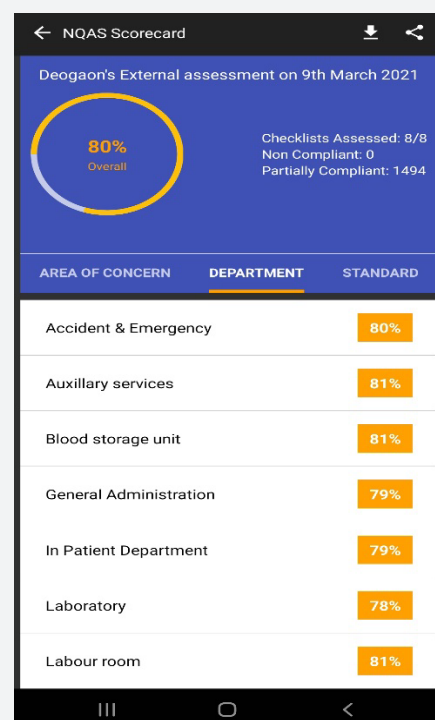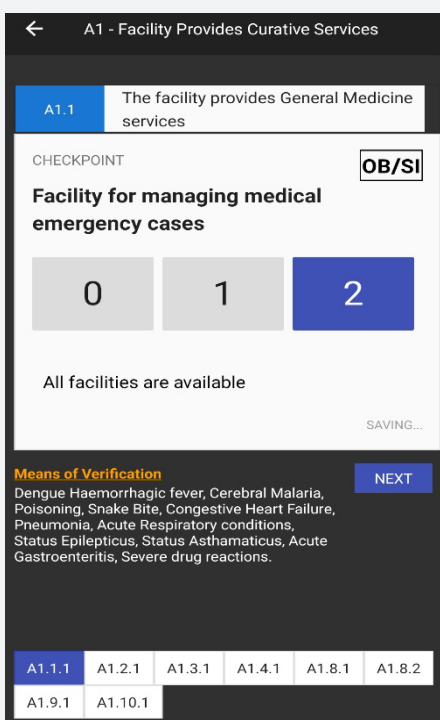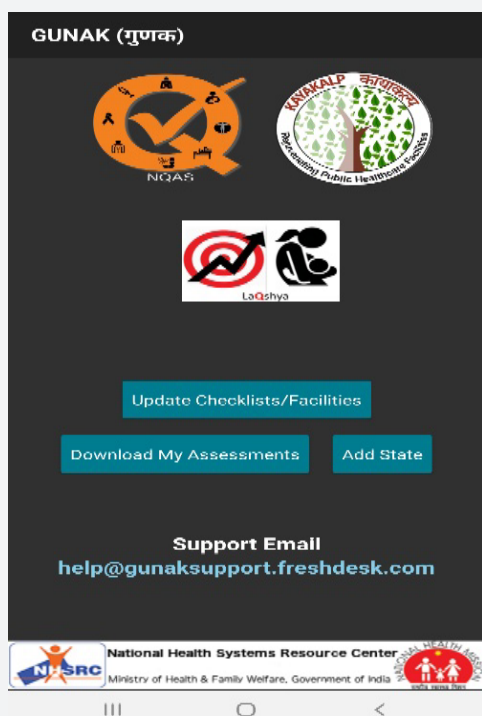
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Note

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